



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

March 30, 2006

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

TANF Transmittal 32

This transmittal contains changes and clarifications to the Temporary Assistance for Needy Families (TANF) Program. This transmittal is effective April 1, 2006.

The transmittal changes and guidance for updating the policy manual are listed below. The policy manual and this transmittal are available on the Intranet at <http://www.localagency.dss.state.va.us/divisions/bp/tanf/manual.cgi> and on the Internet at http://www.dss.virginia.gov/benefit/tanf_manual.html.

- Main Table of Contents
- Minor Changes/Corrections to Section 100
- Disabilities
- Intentional Program Violation
- Administrative Disqualification Hearing (ADH)
- Advance Notice of ADH
- Failure of Individual to Appear at the ADH
- Conduct of the ADH
- Rights of the Individual Alleged to Have Committed an IPV
- Implementation of the Hearing Decision in Regard to VIEW Clients
- Treatment of Assistance Paid During An Appeal
- Reference to Administrative Disqualification Hearings
- Processing of Appeal
- Fair Hearing Procedures
- Introduction of Additional Issues at Fair Hearing
- Appeal Decisions
- Review of Hearing Officer's Decision
- Show Cause Letter for Failure to Appeal at Hearing
- TANF Grant Reduction
- Minor Parent Residency Requirement
- Documentation
- Medical Exams for TANF/VIEW Recipients
- Day Care Provider Income

- Other Income Disregards
- Child Support
- Stepparent Deeming
- Timely Notice
- Determining Overpayments
- Notification of Overpayments
- Liable Persons
- Check Handling Procedures
- Referral of TANF Cases
- Division of Child Support Enforcement Contact Information
- Referral of TANF Cases
- Categorical Requirements
- Diversionary Assistance
- Exemption Criteria
- Volunteers
- Agreement of Personal Responsibility (APR)
- Sanctions
- Transitional Supportive Services
- Food Stamp and Employment Training Program (FSET)
- Standard Operating Procedures
- Assessment Procedures
- VIEW Inactive and Pending Status
- VIEW Sanctions
- VIEW Compliance
- VIEW Forms
- Forms
- Procedures
- Index

A. Main Table of Contents – The table of contents was renamed Main Table of Contents. Appeals Review Panel was added to page 1. VIEW was added to Medical Exams for Recipients on page 4. Notification was added to Recoupment and Recovery of Overpayments on page 7. Also, links to the Division of Child Support Enforcement (DCSE) websites which provide current service area and contact information were added to page 7.

B. Minor Changes/Corrections to Section 100 – Changes and corrections were made to the following pages in Chapter 100:

- Section 100.2, page 1; the heading Administration was changed to capital letters.
- Section 100.3, page 1 was reworded. “The TANF Program is funded”, replaces “The funding for the TANF Program is accommodated...”
- Section 101.1, page 1 was reworded. A missing word “exists” was added to the first sentence in section A.

- Section 101.2, page 1c the word “handicap” is replaced with the word “disability”, and the word “regional” was replaced with the word “field”.
 - Section 101.2, page 1d, items D, E, and F were moved to page 101.2, page 1c. All items listed apply to complaint procedures.
 - Section 102.2, pages 1a and 2, item F was reworded.
 - Section 102.3, page 2, added that IPV disqualification penalties are included in the Statement of Facts as well as in the Application for Benefits.
 - Section 102.3, page 3, item B-the word “lift” is replaced by the word “delete” to clarify the action the worker must take in regard to the described IPV situation.
 - Section 102.4, page 3a, item G was expanded for clarity.
 - Section 103.3, Immigration and Naturalization Service was changed to U.S. Citizenship and Immigration Services (USCIS).
 - Section 103.4, page 2, the reference to INS was changed to USCIS.
 - Section 104.1, The Code of Virginia reference was changed from 63.2-117 – 63.2-119 to 63.2-517 – 63.2-519.
 - Section 104.3, page 2, item F, Central was changed to Home, Regional was changed to Field, and State was changed to Virginia.
 - Section 105.2, page 2, a punctuation error was corrected in the Note under item A.
 - Section 106.1 - 106.2, page 2: ADC is changed to TANF at 106.2.
- C. **Disabilities** – Policy at Section 101.1, page 1b is amended to require that the case record include the form, “Do You Have A Disability?” (032-03-670) and the sentence was reworded.
- D. **Intentional Program Violation** – Minor wording changes have been made in Section 102.1, page 1. The heading has been changed from “Definition” to “Intentional Program Violation.”
- E. **Administrative Disqualification Hearing (ADH)** – Section 102.5, page 4, the name and address to which a waiver of ADH is to be sent was updated. A new paragraph was added to 102.6 to clarify policy for combining an ADH and fair hearing in regard to timeframes and other issues. Minor wording changes were also made.
- F. **Advance Notice of ADH** – Guidelines for mailing the Advance Notice for ADH have been added to Section 102.8, page 4. On page 4a, the requirement that the ADH hearing and decision must be made within 90 days from the date the household is notified of the hearing is made clear.
- G. **Failure of Individual to Appear at the ADH** – In Section 102.10, clarification has been added that the hearing can be held even if the Advance Notice of ADH was returned as undeliverable.

- H. **Conduct of the ADH** – The authority of the hearing officer to limit attendance at an ADH hearing when space is limited has been added to Section 102.12, page 5. The wording “a teleconference or a telephone” has been replaced with “teleconference”.
- I. **Rights of the Individual Alleged to Have Committed an IPV** – The right of the individual to examine documents and records prior to the ADH as outlined in Section 102.12, page 6, item C, has been limited to exclude examination of confidential information. Such confidential information shall not be introduced at the hearing or affect the hearing officer’s decision. The individual or representative shall be provided by the agency with a free copy of the relevant portions of the case file if requested. A copy of the hearing decision shall also be sent to the agency’s TANF Field Consultants.
- J. **Implementation of the Hearing Decision in Regard to VIEW Clients** – At Section 102.14, page 7, policy is revised to require that a copy of the hearing officer’s decision be placed in both the TANF and VIEW case records. Policy clarifying that an overpayment does not exist when a VIEW client is found not guilty of an IPV for VIEW supportive or transitional services was also added.
- K. **Treatment of Assistance Paid During An Appeal** – Wording is added to Section 105.2, page 3, item B2, that a hearing request must be validated by the hearing officer. This addition brings wording here into conformity with wording at 105.2, page 2, item A. Wording is also added to item B2 to clarify that TANF benefits paid during an appeal are considered overpayments and are to be recouped. TANF assistance granted during an unsuccessful appeal of a VIEW sanction is treated differently and is not considered an overpayment; the appeal simply delays the family’s loss of benefits. This change brings policy at Section 105.2, page 2, item B into conformity with existing policy at Chapter 901.6, page I (4). References to 15 day time frames are removed from Section 105.2, page 3a.
- L. **Reference to Administrative Disqualification Hearings** – Item C of Section 105.2, page 4 referring to the ADH section of the policy, is deleted as unnecessary.
- M. **Processing of Appeal** – The process for handling an appeal is clarified in item A of Section 106.1, page 1. Minor rewording changes are made to the identifying information section. Section 106.1, item B, #3 c, is clarified by replacing references to budget and assistance plan with references to ADAPT and the Statement of Facts. In item B, #4, the amount of assistance that can continue during the appeal process is clarified as being the amount authorized immediately prior to the adverse action. Responsibility for signing the Summary of Facts is changed from the superintendent to the supervisor and agency director or designee at Section 106.1, page 2, item B5.

- N. **Fair Hearing Procedures** – Policy at Section 106.2, page 3 is expanded to allow the client to advise either the hearing officer or the local agency that the date or place of the hearing is inconvenient. The hearing officer is responsible for deciding if the provision for extension of the hearing is being abused. Policy on page 3a, item 6, is clarified.
- O. **Introduction of Additional Issues at Fair Hearing** – The authority of the hearing office to allow the introduction of additional issues with the agreement of the client and local agency has been added to Section 106.2, page 3a, item D5.
- P. **Appeal Decisions** – Section 106.3, page 5, clarifies that the client's appeal can be sent to the local agency or to the Virginia Department of Social Services. Additionally, it is made clear that an extension of the hearing date is based on the decision by the hearing officer.
- Q. **Review of Hearing Officer's Decision** – Policy at Section 106.4, page 6, has been rewritten to describe the function of the Appeals Review Panel and to clarify that it can make recommendations to the Commissioner about future changes in policy, but cannot change the decision of the hearing officer. The heading at 106.4 has been expanded to reference the Appeals Review Panel.
- R. **Show Cause Letter for Failure to Appear at Hearing** – Policy at Section 106.5, page 7, item B, is clarified regarding communication with the client who does not appear at a hearing. In such circumstances, the hearing officer will issue a 10-day show cause letter to a client.
- S. **TANF Grant Reduction** – The example at Section 201.1, page 3 has been revised to allow for 12 months before imposing a penalty for failure to comply with immunization requirements. All references to AFDC were changed to TANF.
- T. **Minor Parent Residency Requirement** – When the processing period was changed from 45 to 30 days, policy at Section 201.5, page 3 was not updated. Policy at Section 201.5, page 3, C. has now been revised.
- U. **Documentation** – State Auditors completed reading of TANF cases in December 2005. Once again we were cited for failing to access the SVES system, to indicate SVES responses on the Evaluation of Eligibility Form or the ADAPT Verification Form, or to have the SVES print out in the case record. Policy at Sections 201.8, page 1b and 305.1, page 8 has been revised to require the appropriate documentation and require that a copy of the print out to be filed in the case record. SVES must be accessed at time of application, reapplication and when a new member is added to the assistance unit.
- V. **Medical Exams for TANF/VIEW Recipients** – Policy at Chapter 304.3, page 2, was rewritten to clarify what signature should be accepted on the medical form to determine if a client should be exempt from VIEW or to assess the client's ability

to work or participate in the VIEW program. The agency's responsibility in paying for medicals is clarified as well as the agency's right to request a second medical.

- W. Day Care Provider Income** – The allowable expenses to be deducted from the income of a self-employed day care provider have been revised to mirror the allowances in the Food Stamp program. Section 305.3, page 14, reflects the new amounts:

Breakfast - \$1.06 per meal
Lunch or supper - \$1.96 per meal
Snacks - \$.58 per meal

Procedures Section VII, pages 2 and 3 have been revised, deleting information on 'Children in Family Day Care'.

A mass change is not required. Cases with day care provider income will have the new amounts applied when ED/BC is run for the case.

Item #2 on page 13 became #3 on page 14.

- X. Other Income Disregards** – Policy at Section 305.4, page 23, item 15, has been revised. Current policy disregards money received from all school meal programs. A sentence has been added that money received from the National School Lunch Act for children in the client's assistance unit is disregarded as income.

- Y. Child Support** – Policy at Section 305.4, page 36 and 36a has been clarified, adding that child support is considered income of the child for whom the support is paid. The ADAPT system currently supports this; requiring support payments be assigned to the caretaker on the screen AECSIN (Child/Spousal Support Income), and the child's person number entered in the body of the screen.

Also on page 36a, a new letter b has been added stating child support payments redirected to the Division of Child Support Enforcement and subsequently mailed to the client will not impact the client. The exceptions on page 36a have been relettered.

- Z. Stepparent Deeming** – The 2005 Federal Poverty Level was updated in the deeming steps and examples at Section 305.4, pages 38 – 41.

- AA. Timely Notice** – TANF policy requires local departments of social services to timely notify the assistance unit whenever a change will result in a decrease or termination of benefits. Policy at Section 401.4, page 8 has been revised to allow the Notice of Action to be used to timely notify the recipient when the decrease impacts TANF benefits only.

- BB. Determining Overpayments** – Policy in Section 503.7, pages 2c and 2d have been revised, outlining the handling of support when calculating a TANF overpayment. A new item I. has been added delineating the evaluation needed to determine if an overpayment exists as a result of support.

Relettering occurred for the items which were at I. and J on page 2d, as a result of adding a new letter I.

- CC. Notification of Overpayments** – Notification policy has been added at Section 503.8, page 3. Local departments of social services must notify TANF recipients before recouping from the TANF payment. A form letter has been developed for this purpose. Page 2 of the letter asks the recipient to select the method of payment and return the signed agreement to the local agency.

A copy of the signed Request for Repayment of TANF Benefits and/or Payments for VIEW Services form must remain in the case record until the overpayment has been satisfied.

The *Request for Repayment of TANF Benefits and/or Payments for VIEW Services* form will be available on the VDSS Local Agency Page effective April 1, 2006. You can access the form at <http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms/claims.cgi>.

- DD. Liable Persons** – Policy has been revised to define who is responsible for TANF overpayments. Section 503.8, page 3a now states that the caretaker relative alone is responsible for repayment of both TANF and VIEW overpayments.

Effective April 01, 2006 when a new claim is entered in ADAPT key an A for the caretaker(s) on the case only. Existing claims will remain as they are as the ADAPT system will not allow a change to the 'Action Add/Delete' field on the Individuals Liable for Overpayment/Claim (BATAIL) screen.

- EE. Check Handling Procedures** – In Chapter 500, Appendix I, pages 2 – 9, check handling procedures have been revised to reflect that the check writing process has been put into ADAPT.

- FF. Referral of TANF Cases** – Guidance has been added to Section 601.2, page 2 on referrals to DCSE for SSI children. The "Absent Parent Deprivation/Paternity Information Form" must be completed for SSI children when there is an absent parent. The 501 information will not be transmitted to DCSE when the child is excluded from the TANF grant due to receipt of SSI.

The 'Exclusion Code' A17 on EDDRVA (Non Financial Results) will result in DCSE coding the SSI child as Non-TANF. Support collected for this child will be sent to the non-custodial parent. A TANF Match Payment will not be issued.

Local departments must contact their district DCSE representative when a case is identified for which this process does not appear to be working.

Section 601.2, page 2a, item A2, clarifies that a father's name on a birth certificate issued in 1996 or later by Virginia or any other state is acceptable evidence of paternity for TANF purposes. The existing items numbered 2, 3, and 4 are now numbered 3, 4, and 5 and all appear on page 3.

- GG. Division of Child Support Enforcement Contact Information** – Section 600, Appendix III, page 1, Division of Child Support Enforcement District Offices and the Localities within Districts, has been replaced with links to DCSE maintained websites which provide current service area and contact information.
- HH. Categorical Requirements** –Section 701.2, item B2, is expanded to clarify that a father's name on a birth certificate issued in 1996 or later by Virginia or any other state is acceptable evidence of Paternity for TANF purposes. This section mirrors 601.2, A2. The general reference in 701.2, item B1 to a notarized affidavit in establishing paternity is replaced with a specific reference to the Acknowledgement of Paternity, form VS22, which is obtained from local health departments.
- II. Diversiory Assistance** – Policy has been amended at Section 801.5, page 2, to clarify that the maximum payment is up to four months of TANF even in cases in which there are less than four months on the VIEW clock.
- JJ. Exemption Criteria** – Section 901.2, page 2, item D, gives the web link for the form Referral to Rehabilitative Services which is found in the forms drawer. This form is used by the eligibility worker to refer persons to vocational rehabilitation. Page 2a has been revised to add that illegal immigrants are not required or eligible to participate in VIEW. A drug felony conviction has been added to the reasons a parents' needs may have been removed from the grant.
- KK. Volunteers** – In Section 901.2, page 3, the volunteer section is expanded to clarify that the volunteer trial period is up to 12 consecutive months, and that it will be ended prematurely if the client fails to participate as agreed. A sentence is added to clarify that volunteers are eligible for the VIEW enhanced disregard in the month following the month the VIEW APR is signed.
- LL. Agreement of Personal Responsibility (APR)** – It has been added to Section 901.5, page 6, that the signing of the APR is not a condition of eligibility for TANF if the case has been closed for 24 months or more and prior to that period the client refused to sign the APR.
- MM. Sanctions** – Section 901.6, 6 and 6a, item B has been rewritten and renumbered. It clarifies that verified client employment prior to the effective date of a proposed sanction will result in the sanction not being imposed for the first

sanction only. Employment prior to the imposition of a 2nd or 3rd sanction will have no impact on the proposed sanction; those sanctions must be imposed. Additionally, the responsibility of the VIEW worker to lift sanctions which resulted from the client's failure to participate due to disability or language barrier, or which were imposed in error, and the responsibility of the EW to delete such sanctions from the automated system, is clarified.

- NN. Transitional Supportive Services** – Medicaid was deleted as a transitional service in Section 901.9, page 9 and the 24-Month Advance Notice of Proposed Action found in the forms drawer.

Food Stamp Employment and Training Program (FSET) – The definition for the FSET program has been added in Chapter 1000, page 2.

- PP. Standard Operating Procedures** – In Chapter 1000, pages 5 and 6, policy has been revised to state that Standard Operating Procedures are mandatory and must be sent in with the VIEW Annual Plan. Changes to the VIEW SOP's can be submitted during the first 30 days of each quarter.

- QQ. Assessment Procedures** – have been updated in Chapter 1000, page 10, to state the literacy of each VIEW participant must be determined through use of the Information Sheet (formally called the Texas Test) or by another literacy assessment tool no later than the first reassessment.

- RR. VIEW Inactive and Pending Status** – In Chapter 1000, pages 48 – 49, pending and inactive policy was rewritten for clarity. The heading at J on page 48 was changed to read: Non-Active Assignments, Inactive and Pending. Page 48a was deleted.

- SS. VIEW Sanctions** – In Chapter 1000, page 58, a new paragraph has been added to clarify that volunteers cannot be sanctioned during the trial period of up to 12 consecutive months; they are subject to sanction following that period. The responsibility of the VIEW worker to end the trial period if the client fails to participate as agreed is outlined. The client will not be able to volunteer a 2nd time during the 12 month trial period if she fails to participate as agreed and her volunteer status is terminated.

On page 64, item 8c clarifies that when a client becomes exempt after the end of a minimum sanction period, the sanction will be lifted as of the date the individual verified the exemption.

- TT. VIEW Compliance** – In Chapter 1000, page 65, section 13, A1, a variable act of compliance is redefined as verified employment of at least 8 hours that continues for a minimum of two consecutive weeks. For employment to cure a sanction, the client must still be employed at the end of the fixed sanction period.

UU. VIEW Forms – In Chapter 1000, Appendix A, page 1, the Table of Contents for VIEW forms is updated to reflect the name change of the Texas Information Sheet form to Information Sheet on pages 3 – 5; the update of the Agreement of Personal Responsibility (APR) on pages 6 and 7; the update of the VIEW Assessment form on page 9 – 11; the correction of the VIEW Non-Compliance Checklist on pages 31 and 32; the TANF 24-Month Advance Notice of Proposed Action form was corrected on page 36 and 37; and the revising of the Communication form on pages 50 and 50a; and the Medical Evaluation form is revised on pages 53 – 55. On page 2 of the Appendix, the form Notice of Intentional Program Violations and Penalties was added, pages 60 and 61. Additionally, the form numbers and mode numbers have been updated.

The form, Texas Information Sheet (032-02-0311) in Chapter 1000, Appendix A, pages 3 – 5, has been renamed Information Sheet. Question 4 on page 2 has been revised so that it applies more broadly to program activities.

Chapter 1000, Appendix A, pages 6 and 7, the Agreement of Personal Responsibility (APR) (032-02-0310) has been updated by deleting medical assistance as a transitional service and deleting the statement that a participant may own a vehicle with the fair market value of \$7,500.

The form, VIEW Assessment (032-02-0303), in Chapter 1000, Appendix A, pages 9 – 11, has been revised to drop the headings VIEW Assessment I and VIEW Assessment II. A date has been added to page 1 and space has been added for household member and school information. Minor corrections have been made to the instructions for the form.

Chapter 1000, Appendix A, pages 31 and 32, the word “verbally” was added to Section I, item #3 for clarity the VIEW Non-Compliance Checklist (032-03-0671).

Chapter 1000, Appendix A, pages 36 and 37, Medicaid was removed as a transitional service from the TANF 24-Month Advance Notice of Proposed Action form (032-03-0368).

Chapter 1000, Appendix A, pages 50 and 50a, the Communication Form (032-02-0072) has been revised by removing General Relief (GR) as a program using the form.

Chapter 1000, Appendix A, pages 53 – 55, the Medical Evaluation form (032-03-0654-03) was revised requesting the medical doctor to indicate if the patient needs additional evaluation or assessment and to provide the name and the field of expertise of the person to whom the client is being referred. Instructions for the form have been reworded to correspond with policy at Section 304.3.

Chapter 1000, Appendix A, the form, Notice of Intentional Program Violations and Penalties (032-03-0646), has been added as pages 60 and 61.

Chapter 1000, Appendix C, page 2, Standard Operating Procedures Guidelines – language has been added to require local agencies to develop standard operating procedures for their VIEW programs. The introductory paragraphs have been reworded.

Chapter 1000, Appendix D, page 1, The VIEW Annual Plan, has been replaced with a link to the plan from the local agency website. Section III of the Plan, Contracts, has been revised to include the policy requirement that VIEW contracts be submitted to the agency's TANF/VIEW Consultant.

Chapter 1000, Appendix E, pages 2 – 9, VIEW Brochures “Have You Heard About Benefits For Working Families” (B032-01-0155) and “Leaving Welfare For Work Isn't As Scary As It Seems” (B032-01-0154), have been updated with medical insurance information, food stamps information, and federal earned income tax credit information.

- VV. Forms** – The Advance Notice of Proposed Action (032-03-0018) – The description of the 1st VIEW sanction has been changed from “1 month or compliance” to “1 month and compliance” which more accurately reflects policy. Once a sanction has been imposed, it must run its course and the client must comply with program requirements before it can be lifted. Additionally, the time period for the client to contact the worker with documented good cause has been changed from 10 days to 5. The change in the good cause time period does not change the agency's responsibility to provide the client with a 10 day Advance Notice of Proposed Action if the client is referred for sanctioning. This form can be located with other TANF forms at the local agency web site.

The form, Referral to Rehabilitative Services (032-03-302) has been posted on the local agency web site.

- WW. Procedures** – Section IV, page 1, the statement referencing the exclusion in the assistance unit of a child 16, who has been sanctioned for failure to comply with ESP or VIEW requirements, has been removed.

Procedures Section IV, page 3, is changed to clarify that the entire household is ineligible when the parent is in a VIEW sanction. The references to ESP are changed to VIEW.

Procedures Section VII, pages 2 and 3 has been revised to delete policy relating to children in family day care.

- XX. Index** – On page 4 of the index, day care income, section/page number, was changed from Procedures VII, 2-3 to 305.3, page 14.

Runover pages: Section 101.3, page 1; Section 102.12, page 6a; Section 304.3 – 304.4, page 3; Section 305.3, page 15, Section 801.6 – 801.8, page 3; Section 901.3, page 3a, and Section 1000, page 59.

The transmittal pages are to be incorporated into the TANF Manual as follows:

Main Table of Contents, pages 1 – 9, dated 4/06 (9 sheets), to replace Main Table of Contents, pages 1 – 9, dated 7/04, 10/04, 10/04, 7/04, 7/04, 4/05, 6/01, 12/03, and 6/01, respectively (9 sheets).

Section 100 Table of Contents, page 1 dated 4/06 (1 sheet), to replace Section 100 Table of Contents page 1, dated 7/04 (1 sheet).

Section 100.1 – 100.2, page 1, dated 4/06 (1 sheet), to replace Section 100.1 – 100.2, page 1 dated 12/04 (1 sheet).

Section 100.2 – 101.1, page 1, dated 4/06 (1 sheet), to replace Section 100.2 – 101.1, page 1, dated 12/04, (1 sheet).

Section 101.1, page 1b, dated 4/06 (1 sheet), to replace Section 101.1, page 1b, dated 12/04 (1 sheet).

Section 101.2, page 1c, dated 4/06 (1 sheet), to replace Section 101.2, page 1c, dated 12/04 (1 sheet).

Section 101.3, page 1, dated 4/06 (1 sheet), to replace Section 101.2 – 101.3, page 1, dated 1/20/97 (1 sheet).

Section 102.1 – 102.2, page 1, dated 4/06 (1 sheet), to replace Section 102.1 – 102.2, dated 12/04 (1 sheet).

Section 102.2, page 1a, dated 4/06 (1 sheet), to replace Section 102.2, page 1a, dated 12/04 (1 sheet).

Section 102.2 – 102.3, page 2, dated 4/06 (1 sheet), to replace Section 102.2 – 102.3, page 2, dated 4/06.

Section 102.3 – 102.4, page 3, dated 4/06 (1 sheet), to replace Section 102.3 – 102.4, page 3, dated 12/04 (1 sheet).

Section 102.4 – 102.5, page 3a, dated 4/06 (1 sheet), to replace Section 102.4 -102.5, page 3a, dated 12/04 (1 sheet).

Section 102.5 – 102.8, page 4, dated 4/06 (1 sheet), to replace Section 102.5 – 102.8, dated 12/04 (1 sheet).

Section 102.8 – 102.10, page 4a, dated 4/06 (1 sheet), to be added.

Section 102.11 – 102.12, page 5, dated 4/06 (1 sheet), to replace Section 102.11 - 102.12, page 5, dated 12/04 (1 sheet).

Section 102.12, pages 6 and 6a, dated 4/06 (2 sheets), to replace Section 102.12, pages 6 and 6a, dated 12/04 and 12/04, respectively (2 sheets).

Section 102.13 – 102.14, page 7, dated 4/06 (1 sheet), to replace Section 102.13 – 102.14, page 7, dated 4/03 (1 sheet).

Section 103.1 - 103.3, page 1, dated 4/06 (1 sheet), to replace Section 103.3, page 1, dated 4/98 (1 sheet).

Section 103.4, page 2, dated 4/06 (1 sheet), to replace Section 103.4, page 2, dated 7/04 (1 sheet).

Section 104.1 – 104.3, page 1, dated 4/06 (1 sheet), to replace Section 104.1 – 104.3, page 1, dated 10/02 (1 sheet).

Section 104.3, page 2, dated 4/06 (1 sheet), to replace Section 104.3, page 2, dated 7/97 (1 sheet).

Section 105.2, page 2, dated 4/06 (1 sheet), to replace Section 105.2, page 2, dated 12/04 (1 sheet).

Section 105.2, pages 3 and 3a, dated 4/06 (2 sheets), to replace Section 105.2, pages 3 and 3a, dated 12/04 and 12/04, respectively (2 sheets).

Section 105.2 – 105.3, page 4, dated 4/06 (1 sheet), to replace Section 105.2 – 105.3, page 4, dated 7/04 (1 sheet).

Section 106.1, page 1, dated 4/06 (1 sheet), to replace Section 106.1, page 1, dated 7/97 (1 sheet).

Section 106.1 – 106.2, page 2, dated 4/06 (1 sheet), to replace Section 106.1 – 106.2, page 2, dated 10/84 (1 sheet).

Section 106.2, pages 3 and 3a, dated 4/06 (2 sheets), to replace Section 106.2, pages 3 and 3a, dated 12/04 and 12/04, respectively (2 sheets).

Section 106.2 – 106.3, page 5, dated 4/06 (1 sheet), to replace Section 106.2 – 106.3, page 5, dated 10/98 (1 sheet).

Section 106.4, page 6, dated 4/04 (1 sheet), to replace Section 106.4, page 6, dated 10/02 (1 sheet).

Section 106.5 – 106.6, page 7, dated 4/06 (1 sheet), to replace Section 106.5 – 106.6, page 7, dated 10/02 (1 sheet).

Section 201.1, page 3, dated 4/06 (1 sheet), to replace Section 201.1, page 3, dated 12/03 (1 sheet).

Section 201.5, page 3, dated 4/06 (1 sheet), to replace Section 201.5, page 3, dated 7/99 (1 sheet).

Section 201.8, page 1b, dated 4/06 (1 sheet), to replace Section 201.8, page 1b, dated 7/03 (1 sheet).

Section 300, Table of Contents, page 1, dated 4/06 (1 sheet), to replace Section 300, Table of Contents, page 1, dated 12/03 (1 sheet).

Section 304.3 – 304.4, pages 2 and 3, dated 4/06 (2 sheets), to replace Section 304.3 – 304.4, page 2, dated 12/03 (1 sheet).

Section 305.1, page 8, dated 4/06 (1 sheet), to replace Section 305.1, page 8, dated 12/04 (1 sheet).

Section 305.3, pages 14 and 15, dated 4/06 (2 sheets), to replace Section 305.3, pages 14 and 15, dated 7/03 and 7/04, respectively (2 sheets).

Section 305.4, page 23, dated 4/06 (1 sheet), to replace Section 305.4, page 23, dated 7/04 (1 sheet).

Section 305.4, pages 36 and 36a, dated 4/06 (2 sheets), to replace Section 305.4, pages 36 and 36a, dated 4/03 and 10/00, respectively (2 sheets).

Section 305.4, pages 38 – 41, dated 4/06 (4 sheets), to replace Section 305.4, pages 38 – 41, dated 4/04, 4/04, 4/04, and 4/04, respectively (4 sheets).

Section 401.4, page 8, dated 4/06 (1 sheet), to replace Section 401.4, page 8, dated 7/03 (1 sheet).

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Thomas Steinhauser
Acting Director
Division of Benefit Programs

Attachments

MAIN TABLE OF CONTENTS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

Chapter 100 - General Information

Legal Base	100.1
Administration	100.2
Funding	100.3
Nondiscrimination	101.1
Complaint Procedures	101.2
Records, Reports and Reviews	101.3
Intentional Program Violation (IPV)	102.1
Responsibilities of Local Departments	102.2
IPV Disqualification Penalties	102.3
Administrative Disqualification Hearings (ADH)	102.4
Notification of IPV	102.5
Referral for an ADH	102.6
Scheduling the ADH	102.7
Advance Notice of ADH	102.8
Time and Place of the ADH	102.9
Failure of Individual to Appear at the ADH	102.10
Participation While Awaiting a Hearing	102.11
Conduct of the ADH	102.12
Notification of ADH Decision	102.13
Implementation of the Hearing Decision	102.14
Purpose of Safeguarding Information and Scope of Regulations	103.1
Exchange of Information with Law Enforcement Agencies	103.2
Release of Information Regarding Past Receipt of Benefits By Aliens	103.3
Release of Information to the U.S. Citizenship and Immigration Services (USCIS) Regarding Illegal Alien	103.4
Purpose and Scope of Appeal Process	104.1
Role of the Commissioner of Social Services	104.2
Preliminary Definitions	104.3
Notification of Right to Appeal	105.1
Fair Hearings	105.2
Opportunity for a Local Agency Conference	105.2 A.
Special Provisions with Respect to Termination or Decrease In Amount of Assistance	105.2 B.
Request Procedures	105.3
Time Limits for Requesting Hearing	105.4
Processing of Appeal	106.1
Fair Hearing Procedures	106.2
Decision on Appeal	106.3
Review of Hearing Officer's Decision - Appeals Review Panel	106.4
Disposition of Appeals Other than by Hearing Decision	106.5
Availability of Hearing Decisions	106.6

MAIN TABLE OF CONTENTS

Appendix I - Request for the Address of a TANF Recipient

Chapter 200 - Categorical Eligibility Requirements

Eligibility Factors	201.1
Categorical Requirements	201.1 A.
Conditions of Eligibility	201.1 B.
Caretaker's Eligibility	201.1 C.
Immunizations	201.1 D.
Drug Felons	201.1 E.
Fleeing Felons	201.1 F.
Sixty (60) Month Limit on Receipt of TANF	201.1 G.
Age	201.2
School Attendance	201.3
Living Arrangements	201.5
Specified Relatives	201.5 A.
Living in a Home	201.5 B.
Minor Parent Residency Requirement	201.5 C.
Residence	201.6
Citizenship and Alienage	201.7
Citizenship/Alienage Status	201.7 A.
Sponsored Aliens	201.7 B.
Verification of Citizenship or Alien Status	201.7 C.
Systematic Alien Verification for Entitlements (SAVE) Program	201.7 D.
Social Security Account Number (SSN)	201.8
Obtaining a Social Security Number	201.8 A.
Assistance to Newborns	201.8 B.
Failure to Comply	201.8 C.
Determining Good Cause	201.8 D.
SSN Verification and Documentation	201.8 E.
Ending Ineligibility	201.8 F.
Assignment of Rights	201.9
Cooperation in Obtaining Support	201.10
Cooperation Defined	201.10 A.
Action to be Taken Upon Determination of Noncooperation	201.10 B.
Sanctions for Noncooperation	201.10 C.
Claim of Good Cause for Not Cooperating with the Division of Child Support Enforcement (DCSE)	201.10 D.
Advising the Client of the Right to Claim Good Cause	201.10 E.
Acceptable Evidence to Substantiate Good Cause Claim	201.10 F.
Determination of the Good Cause Claim	201.10 G.
Advising the Client of the Determination	201.10 H.
Time Frame	201.10 I.
Referral to Support Enforcement	201.10 J.
Fair Hearing	201.10 K.
Periodic Review	201.10 L.

MAIN TABLE OF CONTENTS

Family Cap Provision	201.12
Child Support for the Child Subject to the Cap Provision	201.12 A.
Minor Mothers	201.12 B.
Adoptive Parents	201.12 C.
Income of the Capped Child	201.12 D.
Children Who Move into the Home of the Parent	
Receiving TANF	201.12 E.
Other Caretaker/Relatives	201.12 F.
Duration of the Family Cap	201.12 G.
Client Notice of Family Cap Provision	201.12 H.
Child Conceived as a Result of Verified Rape or Incest	201.12 I.
Medicaid Coverage for the Child Subject to the Family Cap	201.12 J.
Child Capped in Another State	201.12 K.
Appendix I - Nonimmigrant Admission Codes	
Appendix III - Evidence of Age, Identity and Citizenship	
Appendix IV - SSN Update Letter	
Appendix V - U.S. Citizenship and Immigration Services (USCIS) Listings	
Appendix X - Noncooperation Penalty Calculation	
Emergency Assistance - Conditions of Eligibility	203.1
Emergency Assistance for Natural Disaster	
or Fire and Total Loss of Earnings	203.2
Authorization for TANF-EA	203.3
Referral for Service	203.4
Chapter 300 - Need and Amount of Assistance	
General Provisions	301.1
Definition of the TANF Assistance Unit	302.1
Definition of Caretaker	302.2
Definition of Payee	302.3
Definition of Siblings	302.4
Persons Essential to Well-Being (EWB)	302.5
Composition of the TANF Assistance Unit	302.6
In TANF	302.6 A.-F.
In Emergency Assistance	302.6 G.
Forming the Complex Assistance Unit	302.7
Minor Parent Situations When Living with a Senior	
Parent(s)	302.7 A.
Households With Multiple Groups of Children	302.7 B.
Definition of the Standard Filing Unit	302.8
Resources (Obsolete)	303

MAIN TABLE OF CONTENTS

Standards of Assistance	304.1
Total Allowable Individual Need	304.2
Medical Exams for TANF/ VIEW Recipient	304.3
TANF Match Payments	304.4
Appendix 1 - Grouping of Localities	
Appendix 2 - Standards of Assistance	
Income	
Income Eligibility	
Prospective Determinations	305.1 A.
Prospective Budgeting	305.1 B.
Verification of Income (Earned and Unearned)	305.1 C.
Handling Changes in Income	305.1 D.
Adding and Deleting Persons with Income	305.1 E.
Applicant's/Recipient's Reporting Responsibilities	305.1 F.
Income to be Counted	305.2
Earned Income	305.3
Definition of Gross Earnings or Profit	305.3 A.
Disregarded Earned Income	305.3 B.
Countable Earnings	305.3 C.
Other Income	305.4
Other Income Disregards	305.4 A.
Income from Social Security and Other Benefits	305.4 B.
Lump Sum Payments	305.4 C.
(Pages 28 - 32 deleted effective 7/04)	
Sponsored Aliens	305.4 D.
Support from Relatives	305.4 E.
Deeming Income	305.4 F.
Other Cash Income	305.4 G.
Benefits and Services Received in Lieu of Income	305.4 H.
Income of Excluded Children Required to be in the Assistance Unit	305.5
Appendix 1 - Maximum Income Chart	
Appendix 2 - (deleted 4/03)	
Appendix 3 - TANF Grant Calculation	
Appendix 4 - SSA Quarters of Coverage Verification Procedures for Aliens	
Chapter 400 TANF Basic Requirements Regarding Application	
Basic Requirements Regarding Application	401.1
Request for Assistance	401.1 A.
Where Applications are Made	401.1 B.
Definition of Application	401.1 C.
Who Completes the Application	401.1 D.
Time Standard for Processing Application	401.1 E.
Method of Application	401.1 F.
Date of Application	401.1 G.
Effective Date	401.1 H.
Beginning Date of Assistance	401.1 I.
Disposition of Application Under Special Conditions	401.1 J.

MAIN TABLE OF CONTENTS

Initial Determination/Redetermination of Eligibility	401.2
The Intake Interview	401.2 A.
Substantiation of Eligibility Factors	401.2 B.
Face to Face Interview	401.2 C.
Recommendation Regarding Eligibility	401.2 D.
Decision of Eligibility	401.2 E.
Renewal of Eligibility	401.3
Reevaluated Elements	401.3 A.
Face-to-Face Interview	401.3 B.
Joint Processing	401.3 C.
Overdue Renewals	401.3 D.
Establishing Separate Assistance Units	401.3 E.
When Completion of a New Application is not Required	401.3 F.
Suspension of Assistance	401.3 G.
Interim Reporting	401.3 H.
Interim Report Filing	401.3 I.
Interim Report Evaluation	401.3 J.
Notification to Applicant/Recipient	401.4
Action Requiring Adequate Notice	401.4 A.
Other Action Requiring Adequate Notice	401.4 B.
Action Requiring Timely Notice	401.4 C.
Action Requiring TANF Match Payment Change Notice	401.4 D.
Information to be Given Applicant/Recipient	401.5
Impact on Medicaid	401.6
Transitional Child Care Benefits	401.7
Referral for Victims of Family Abuse	401.8
Income Eligibility Verification System (IEVS)	402.1
Entitlement to Services Policy	
Family Based Social Services Policy	403.1
Child Health Screening Services	403.2
Protective Services	403.3
Foster Care	403.4
Employment Services	403.5
Child Care (Day Care) Services	403.6
Prevention and Reduction of Births Out-of-Wedlock	403.7
Other Services	403.8
Appendix I - Virginia Legal Aid Projects	
Appendix II - Voter Registration	
Chapter 500 - Authorization and Payment	
Amount of Payment	502.1
In the Regular TANF Program	502.1 A.
In Emergency Assistance to Needy Families with Children	502.1 B.

MAIN TABLE OF CONTENTS

Period Covered by Payment	502.2
In the Regular TANF Program	502.2 A.
In TANF-UP	502.2 B.
In Emergency Assistance	502.2 C.
Method of Payment	502.3
Designated Payee	502.4
Money Payments	502.4 A.
Vendor Payments	502.4 B.
Issuance of Payment	502.5
Issuance Date	502.5 A.
Mailing of Checks	502.5 B.
Direct Deposit	502.5 C.
Emergency Payments	502.5 D.
Intrastate Transfers	502.6
Transferring the Case	502.6 A.
Transferring Agency Responsibility	502.6 B.
Receiving Agency Responsibility	502.6 C.
Transfer Between Loudoun County DSS and other Local Agencies	502.6 D.
Handling of Appeals	502.6 E.
Medicaid Coverage	502.6 F.
Situations Affecting the Transfer Process	502.6 G.
Protective and Vendor Payments	502.7
Need for Protective and Vendor Payments	502.7 A.
Procedures for Making Protective or Vendor Payments	502.7 B.
Provision of Services	502.7 C.
Periodic Review of Need for Protective or Vendor Payments	502.7 D.
Termination of Protective and Vendor Payments	502.7 E.
Right of Appeal	502.7 F.
Safeguarding Information	502.7 G.
Definition of Improper Payment	503.1
Statutory Provisions for Refund of Overpayments and Payments to Ineligibles	503.2
Period Subject to Repayment	503.3
Computation of Repayment	503.4
Repayment Procedures	503.5
Waiver of Certain Overpayments	503.6
Overpayments Less than \$35	503.6 A.
Overpayments of \$35 or More	503.6 B.
Retention of Information	503.6 C.
Intentional Program Violations (IPV)	503.6 D.
Calculating Overpayments	503.7
Determination of Continued Eligibility	503.7 A.
Determination of When the Overpayment Began	503.7 B.
Impact on Earned Income Disregards When Calculating Overpayments	503.7 C.
Support Related Overpayments	503.7 D.
Income Related Overpayments	503.7 E.
Overpayments Not Related to Income	503.7 F.
Overpayments Resulting from Incorrect Composition Of the Assistance Unit	503.7 G.
Support Collected	503.7 H.
Localities Meeting 100% of Need	503.7 I.

MAIN TABLE OF CONTENTS

Notification, Recoupment and Recovery of Overpayments	503.8
Recoupment	503.8 A.
Recovery	503.8 B.
Responsibility for Overpayments	503.8 C.
Prompt Correction of Overpayments	503.8 D.
Determining Intentional Program Violation (IPV)	503.8 E.
Reporting Overpayments	503.8 F.
Correction of Prior Underpayments	503.9
Offsetting Overpayments and Underpayments	503.10
Appendix I - Check Handling Information and Procedures	
 Chapter 600 - Support from Legally Responsible Persons	
Support Enforcement Program	601.1
Legal Base	601.1 A.
DCSE Responsibilities	601.1 B.
Local Agency Responsibilities	601.1 C.
Referral of Case Information to Division of Child Support Enforcement	601.2
Referral of TANF Case	601.2 A.
TANF-UP Cases	601.2 B.
Changes to TANF and TANF-UP Cases	601.2 C.
Contact with the Absent Parent	601.2 D.
Automated Communication with DCSE	601.2 E.
Legally Responsible Persons	601.3
Husband	601.3 A.
Wife	601.3 B.
Parent, Natural or Adoptive	601.3 C.
Stepparent	601.3 D.
Out-of-Wedlock Father	601.3 E.
 Redirection of Support Monies from Non-Custodial Parent	602.1
Treatment of Support	602.2
Support from Non-Custodial Parents Absent from the Home	602.3
Support from Responsible Persons in the Home	602.4
Minor Caretaker/Remarried Caretaker	602.4 A.
Stepparent	602.4 B.
Handling of Support Payments Collected by the State	602.5
Notification Report	602.5 A.
 Appendix I - Information to be Given to Applicant/Recipient	
Appendix III - Child Support Enforcement District Offices and the Localities Within Districts	
www.dss.virginia.gov/family/dcseoffices.cgi, or	
http://localagency.dss.virginia.gov/divisions/dcse/contacts.cgi	
 Chapter 700- TANF-(UP) Unemployed Parent Program	
Purpose of the TANF-UP Program	701.1
Categorical Requirements and Conditions of Eligibility Applicable to the TANF-UP Program	701.2
Assistance Unit TANF-UP	701.3
Financial Criteria	701.4

MAIN TABLE OF CONTENTS

Chapter 800 - Diversionary Assistance Program

Purpose	801.1
Screening	801.2
Voluntary	801.3
Eligibility Factors	801.4
Determining the Amount of the Payment	801.5
Period of Ineligibility	801.6
Eligibility Determination Period	801.7
Vendor Payments	801.8

Chapter 900 - The Virginia Initiative for Employment Not Welfare Program
(VIEW)

Participation	901.1
Exemption Criteria	901.2
Responsibilities of the Eligibility Worker	901.3
Responsibilities of the VIEW Worker	901.4
Participation and Cooperation Requirements	901.5
Sanctions	901.6
VIEW Payment Calculation	901.7
Vehicle Value Limit (Obsolete)	901.8
Twenty-four Month Limit for TANF Eligibility	901.9
Notice and Appeal of the Time Limit	901.10
Period of Ineligibility	901.11
Transfers	901.12
Transitional Benefits	901.13
Full Employment Program	901.14

Appendix I - TANF VIEW Grant Calculation

Appendix II - VIEW Grant Calculation

Appendix III - Federal Poverty Level

Chapter 1000 - The Virginia Initiative for Employment Not Welfare Program
(VIEW)

Definitions	1
Local Employment Services Plan	5
Program Flow	6
Exemptions	8
Assessment	9
Scheduling the Initial Assessment	9
Initial Assessment Procedures	10
Agreement of Personal Responsibility	13
Two-year Time Limitation	14

MAIN TABLE OF CONTENTS

Activity and Service Plan	14
Supportive Services	15
Program Components	19
Recipient Job Search	19
Job Readiness	23
Work Activities	23
Unsubsidized Employment	23
Job Follow-Up	
Retention and Upgrading	
Subsidized Employment - Full Employment Program (FEP)	26
Community Work Experience	35
On the Job Training	40
Education Below Post-Secondary Level	40
Post-Secondary Education	42
Self-Initiated Education	43
Job Skills Training	44
Self-Initiated Training	46
Job Development and Job Placement	47
Inactive	47
Pending	49
Targeted Employer Grant (TAG)	49
Reassessment	52
Participation	53
Termination of TANF Benefits	57
Sanctions	58
Compliance	65
Transfers	66
Transitional Supportive Services	66
Contracts	67
Participants Who Leave the View Program and Return Prior to the	
End of the Two Year Period	70
Hardship Exceptions	70
Appeals	76
Hearings	77
Appendix A	VIEW Forms
Appendix B	Contract Development Checklist
Appendix C	Standard Operating Procedures Guide
Appendix D	Annual Plan
Appendix E	VIEW Brochures
Appendix F	TANF Displacement Grievance Form

TABLE OF CONTENTS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

Chapter 100 - General Information

Legal Base	100.1
Administration	100.2
Funding	100.3
Nondiscrimination	101.1
Complaint Procedures	101.2
Records, Reports and Reviews	101.3
Intentional Program Violation (IPV)	102.1
Responsibilities of Local Departments	102.2
IPV Disqualification Penalties	102.3
Administrative Disqualification Hearings (ADH)	102.4
Notification of IPV	102.5
Referral for an ADH	102.6
Scheduling the ADH	102.7
Advance Notice of ADH	102.8
Time and Place of the ADH	102.9
Failure of Individual to Appear at the ADH	102.10
Participation While Awaiting a Hearing	102.11
Conduct of the ADH	102.12
Notification of ADH Decision	102.13
Implementation of the Hearing Decision	102.14
Purpose of Safeguarding Information and Scope of Regulations	103.1
Exchange of Information with Law Enforcement Agencies	103.2
Release of Information Regarding Past Receipt of Benefits By Aliens	103.3
Release of Information to the U.S. Citizenship and Immigration Services (USCIS) Regarding Illegal Alien	103.4
Purpose and Scope of Appeal Process	104.1
Role of the Commissioner of Social Services	104.2
Preliminary Definitions	104.3
Notification of Right to Appeal	105.1
Fair Hearings	105.2
Opportunity for a Local Agency Conference	105.2 A.
Special Provisions with Respect to Termination or Decrease In Amount of Assistance	105.2 B.
Request Procedures	105.3
Time Limits for Requesting Hearing	105.4
Processing of Appeal	106.1
Fair Hearing Procedures	106.2
Decision on Appeal	106.3
Review of Hearing Officer's Decision - Appeals Review Panel	106.4
Disposition of Appeals Other than by Hearing Decision	106.5
Availability of Hearing Decisions	106.6

100.1 - LEGAL BASE - Virginia's Temporary Assistance for Needy Families (TANF) Program is based on Title IV-A of the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the TANF State Plan, and on the Code of Virginia, Sections 63.2-602 through 63.2-619. PRWORA allows states to establish program requirements in any manner which will reasonably accomplish the purpose of TANF.* The purpose of TANF is to:**

- provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- prevent and reduce the incidence of out-of-wedlock pregnancies; and
- encourage the formation and maintenance of two-parent families.

State and federal law establishes the right of any individual:

- to apply for financial assistance;
- to have his eligibility for such assistance determined promptly and in conformity with law and established policy;
- if found eligible, to receive assistance promptly and in the amount determined according to established policy; and
- to appeal to the Commissioner of Social Services, if he is dissatisfied with the decision of the local department on his case.

100.2 - **ADMINISTRATION** - Title 63.2 of the Code of Virginia mandates a local department of social services in every political subdivision of the State, or combination thereof, and specifies the duties and responsibilities of the local social services board and superintendent/director, as well as the methods of discharging these responsibilities.

The law also defines the general and specific duties and responsibilities of the State Department of Social Services in relation to supervision of the local social services programs.

Within the framework of the statutes and the regulations of the State Board of Social Services, local boards of social services carry responsibility for the administration of social services programs in their respective localities. The State Department of Social Services carries responsibility for supervision of local programs, consultative assistance to localities in the implementation of programs, and monitoring and evaluation to assure that the intent of the law and regulations is fulfilled on a statewide basis.

* Social Security Act, Sec. 404(a)(1)

** Social Security Act, Sec. 401(a)

In addition, the State Department of Social Services carries direct responsibility for locating and securing support from responsible persons for children receiving TANF and, on application, providing this same service to non-welfare clients.

100.3 - FUNDING - **The TANF Program is funded** through a federal block grant and from State funds authorized by the General Assembly of Virginia.

101.1 - NONDISCRIMINATION - Federal law and the Virginia Human Rights Act, Virginia Code §2.2-2632 et seq., bar discrimination on the basis of age, race, sex, disability, religious creed, national origin, and political belief. The following civil rights laws apply in TANF:

1. The Age Discrimination Act of 1975, 42 U.S.C. §6101 et seq.
2. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794
3. The Americans with Disabilities Act of 1990, 42 U.S.C. §12101 et seq.
4. Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d et seq.

Virginia has established procedures for ensuring fair and equitable treatment of applicants and recipients of public assistance. The local department of social services must assure that no person shall, on the grounds of age, race, color, sex, disability, religious creed, national origin, or political belief be subjected to discrimination.

A. Key Principles - Compliance with these laws assures that equal opportunity **exists** for persons with disabilities to benefit from all aspects of public assistance programs, including access to the proper support services to enable such individuals to work and to keep their families healthy, safe and intact. There are two key principles underlying the bar on discrimination against people with disabilities:

1. Individualized treatment. "Individualized treatment" requires that individuals with disabilities be treated on a case-by-case basis consistent with facts and objective evidence. Individuals with disabilities may not be treated on the basis of generalizations and stereotypes.
2. Effective And Meaningful Opportunity. "Effective and meaningful opportunity" means that individuals must be afforded meaningful access to the TANF program so that individuals with disabilities benefit from and have meaningful access to TANF to the same extent as individuals who do not have disabilities.

- F. Responsibility To Share Information Between Staff And Contractors - If one section of DSS determines that a person has a disability, then the staff must share that information with the other staff, as appropriate.

The case record must include **a copy of the form "Do You Have a Disability?"** along with a description of **any** reasonable modifications that agency staff have determined are needed to address the person's disability and services and supports the agency will provide to assist the individual and family.

- G. Staff Authority To Make Reasonable Modifications - It is the responsibility of the worker to consider whether a person may have a disability, and how a person's disability may affect the person's ability to comply with rules, fill out forms, attend appointments, etc. If it is determined that a person has a disability that affects her ability to comply with program rules or procedures, the worker has the authority to make reasonable modifications to program rules, requirements and procedures to ensure that the person with a disability receives full and meaningful access to TANF programs and services.

Evidence of disability of a recipient or a household member in need of the recipient's care, including any indications that the person may have a disability, and all requests for reasonable accommodations shall be documented in the case file.

- H. Examples Of Accommodations

Ms. A comes in to apply for TANF. She has a learning disability and is unable to complete the application. As a reasonable accommodation, staff assists her to complete the application.

Ms. B is not able to come to the office due to the nature of her disability. Staff arranges to obtain the information by phone.

Ms. C missed repeated appointments. It is determined that she has a mental illness preventing her from organizing information and keeping track of appointments. The staff phones her on the morning of an appointment to help her to remember to keep the appointment.

101.2 - COMPLAINT PROCEDURES - Any person who believes that he has been subjected to discrimination on the basis of race, color, national origin, sex, age, religion, political affiliation, or **disability** has a right to file a complaint. Such a complaint may be filed also by a representative of the person allegedly discriminated against. Procedures below are to be followed:

- A. When the alleged discriminatory practice is on the part of the local department or its staff, the complaint is to be made in writing to the local welfare board not later than 180 days from the date of the alleged discrimination. A complaint may also be filed with the Commissioner of the Virginia Department of Social Services, or with the Region III Office of Civil Rights. The written complaint must include:
1. The name of the person or persons felt to have been treated unfairly.
 2. The date and nature of the treatment received.
 3. The names of other persons, if any, who were present when this action allegedly occurred.
 4. Any other pertinent facts related to the complaint.
 5. The date the complaint is made.
 6. The signature of the person making the complaint.
- B. Each complaint received is to be investigated and corrective action taken if appropriate.
- C. If the person making the complaint requests a hearing before the local board, the request is to be granted and reasonable notice of the hearing given by the agency to those persons whose participation is necessary in a review of the questions raised in the complaint.
- D. Following the hearing, the local board will give the complainant a statement of the findings, and if the complaint is justified, a statement as to what corrective action will be taken.
- E. If the complainant is not satisfied with the findings of the local board, he may write within 30 days of the date of receipt of the board findings to the State Department of Social Services.
- F. The State Department of Social Services will make an investigation of the circumstances and advise the complainant in writing of its findings and of any action to be taken by the local department.

State staff in the **field** offices have responsibility for reviewing and supervising local methods of handling complaints.

101.3 - RECORDS, REPORTS AND REVIEWS - The local department is to maintain in its administrative file a record of each complaint, including the complainant's statement and a file of the investigations, findings and action taken. If there has been a hearing before the local board, the record should include a copy of the board's statement to the complainant.

From time to time, other reports may be required by the State Department of Social Services to assure compliance with the Civil Rights laws.

The practices of a local department with respect to compliance are subject to review by a representative of both the State and federal agencies.

102.1 **INTENTIONAL PROGRAM VIOLATION (IPV)** means any action by an individual for the purpose of: 1) establishing or maintaining the family's eligibility for Temporary Assistance for Needy Families (TANF)* (diversionary and ongoing assistance) or Virginia Initiative for Employment not Welfare (VIEW); or 2) increasing or preventing a reduction in the amount of the grant; or 3) establishing eligibility for VIEW supportive or transitional services.** For an IPV to exist, the action by the individual must be: 1) an intentionally false or misleading statement or misrepresentation; 2) a concealment or withholding of facts; or 3) an act intended to mislead, misrepresent, conceal or withhold facts or propound a falsity.*** Whoever obtains or attempts to obtain, or aids or abets any person in obtaining, by means of a willful statement or representation, or by impersonation, or other fraudulent device, assistance or benefits from TANF and other programs designated under rules and regulations of the State Board of Social Services is committing an IPV.

In determining whether an IPV exists, the worker must determine **if the individual's actions were the result of a disability** such that the person did not have the intent to make a false or misleading statement or misrepresentation. In such cases, an IPV cannot be found. Instead, the local agency will work with the individual to ensure that a similar problem does not arise in the future. This may require that the agency put in place steps to assist the individual to provide the worker with the needed information on a timely basis.

102.2 RESPONSIBILITIES OF LOCAL DEPARTMENTS - The local agency has the following responsibilities in relation to IPV:

- A. During the TANF application and VIEW assessment the agency must ensure and document that a clear and full explanation is given to the applicant/recipient of the eligibility requirements for the type of assistance and services being requested or received; of his responsibility to give complete and accurate information related to his eligibility and to report promptly and fully any changes in his circumstances; and of the provisions of the law with respect to knowingly giving false information or deliberately withholding information which would affect his eligibility for assistance or the amount thereof. The worker must explain fully to the recipient what types of changes in his circumstances would have an effect on the grant and services provided. At TANF application, the agency must explain IPV to the applicant/recipient and explain the Notice of Intentional Program Violation Penalties. This form may be found on the local agency DSS Intranet site (www.localagency.dss.state.va.us). A copy is to be given to the applicant/recipient and a copy is filed in the eligibility record. The assistance unit must report all required changes within 10 calendar days from the date the unit knows of the change but is reported timely if reported by the tenth of the following month.
- B. The local agency must conduct an investigation of an allegation that an individual committed an intentional program violation, regardless of the TANF payment or VIEW Program status. A determination as to whether an IPV has occurred must be based on careful consideration of the

* 45 CFR 235.112

** 2002 Acts of Assembly, Item 362

*** Code of Virginia 63.2-522

circumstances. A determination must be made that there has been a deliberate misrepresentation on the part of the applicant/recipient. Consideration should be given to: (1) whether the incorrect or unreported information was, in fact, known to the applicant/recipient and (2) whether the applicant/recipient understood the eligibility and reporting requirements.

- C. The local agency is required to proceed against any individual alleged to have committed an intentional program violation by referring the matter to the appropriate authorities for criminal action in a federal or state court or through an administrative disqualification hearing (ADH).

An individual may be charged with an IPV even if the application was denied. An overpayment does not have to exist for there to be a determination of an IPV. Individuals may be charged with an IPV for VIEW even if supportive or transitional services have not yet been received. For a VIEW IPV the agency is not to terminate future supportive or transitional services if those services are needed to assist the client to maintain employment.

The local agency may refer a case for prosecution or initiate an ADH regardless of the current eligibility of the individual.

- D. The local agency must coordinate its actions with any corresponding actions being taken against the individual under the Food Stamp Program if the factual issues involved arise out of the same or related circumstances.
- E. The forms listed below must be used in the IPV process. The forms and instructions for their use may be accessed from the Local Agency DSS Intranet site (www.localagency.dss.state.va.us/).

1. [Notice of Intentional Program Violation](#) (032-03-721)
2. [Waiver of Administrative Disqualification Hearing](#) (032-03-722)
3. [Referral for Administrative Disqualification Hearing](#) (032-03-725)
4. [Advance Notice of Administrative Disqualification Hearing](#)
(032-03-724)
5. Administrative Disqualification Hearing Decision (032-03-723)
6. Notice of Disqualification for Intentional Program Violation
(032-03-052)

- F. Cases **in which an IPV is alleged** will be referred for prosecution in accordance with the agreement established between the **local Commonwealth's Attorney or other** legal authority and the local

agency. This agreement shall include information on how and under what circumstances cases will be accepted for possible prosecution.

Additionally, it will contain any other criteria set by the prosecutor for accepting cases for prosecution, such as a minimum **for the** overpayment which resulted from the IPV. The local agency **will** refer for prosecution **all** individuals **meeting the criteria established by the Agreement.**

102.3 IPV DISQUALIFICATION PENALTIES - An individual found to have committed an IPV by a court of appropriate jurisdiction, **or** pursuant to an administrative disqualification hearing (ADH), **or by** waiving his right to an administrative disqualification hearing is subject to IPV penalty periods of six months for the first offense, twelve months for the second offense, or permanently for the third offense. Notice of the disqualification penalties for IPV is included in the Application for Benefits (032-03-824) **and in the Statement of Facts.**

If found to have committed an IPV pursuant to an ADH, and at some later point it is determined that the individual had a disability that interfered with his or her ability to file accurate and timely information, or with his or her capacity to have the intent to defraud or otherwise provide improper information to the state, or has limited English proficiency that impaired his or her ability to provide accurate and timely information, the worker must **delete** the IPV and prospectively reinstate benefits.

NOTE: No individual can be disqualified for a TANF IPV that was committed prior to December 1, 1992 or an IPV committed in the VIEW Program prior to April 1, 2003. IPV's committed prior to this date can be referred for prosecution; however, no disqualification period can be imposed if found guilty. Additionally, the ADH process is not applicable to IPV's committed prior to December 1, 1992.

- A. Only the individual found guilty of committing an IPV shall be disqualified. The local agency shall not take the individual's needs into account when determining the assistance unit's need and the amount of assistance. However, if the individual is a parent, any income of the disqualified parent must be considered available to the assistance unit. (See [Section 305.4](#)) NOTE: When an IPV occurs and the Waiver of Administration Disqualification Hearing (032-03-722) is signed while the application is pending, the disqualified individual's needs are excluded when determining a diversionary assistance payment.
- B. The period of disqualification must begin no later than the second month following the month of the court's decision of guilty, the date the waiver notice is received by the local agency, or the date the Administrative Disqualification Hearings Decision Notice is issued by the hearing officer. If the individual is not eligible for TANF at the time the disqualification is to begin, the period must be postponed until the individual applies for and is determined eligible for benefits. The disqualification period must run uninterrupted until it expires.

The disqualification penalty must be in addition to, and cannot be substituted for, any other sanctions or penalties which may be imposed by the court for the same offense. The disqualification penalty cannot substitute for other sanctions under the TANF program.

Any period for which a disqualification is imposed will remain in effect, without possibility of an administrative stay, unless and until the finding upon which the penalty was based is subsequently reversed by a court of appropriate jurisdiction. **If** the disqualification period was imposed by an ADH and it is determined that the individual had a disability that prevented the filing of accurate and timely information or **affected** his or her capacity to have the intent to defraud or otherwise provide improper information to the state, or has limited English proficiency that prevented providing accurate and timely information, then **the local agency will delete** the IPV and reinstate benefits prospectively. In no event shall the duration of the period for which such penalty is imposed be subject to review in a fair hearing.

- C. An individual convicted in state or federal court of fraudulently misrepresenting his address to receive benefits in two or more states is ineligible to receive TANF for 10 years. Benefits refer to TANF, Medicaid, and Food Stamps. The 10 year period begins on the date the individual is convicted.*

102.4 ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) - An administrative disqualification hearing is an impartial review by a hearing officer of an individual's actions involving an alleged IPV for the purpose of rendering a decision of guilty or not guilty of committing an IPV.**

In order to request an ADH, the local agency shall ensure that a pre-hearing investigation has occurred and that the evidence supports the charge of intentional program violation. There must be clear and convincing evidence which demonstrates the individual committed or intended to commit a TANF, or

* Code of Virginia 63.2-522

** 45 CFR 235.113

VIEW IPV. Examples of evidence include but are not limited to:

- A. Written verification of unreported income received by the individual; or
- B. Verification that the individual understood the reporting responsibility by his signature on the application/redetermination form or another form for this purpose.
- C. An application/redetermination form or change form submitted during the period the IPV is alleged to have occurred which omits the information in question; or
- D. Documented contacts with the individual during the period the IPV is alleged to have occurred in which the individual failed to report the information in question.
- E. Verification that information on a voucher or check for gas or check to a vendor was altered. Example: changing money amounts, purpose, date or signature; or
- F. Verification that the client received other services provided by the agency and sold them to another individual; or
- G. Verification that items were obtained under false pretenses. Example: **obtaining supportive services to purchase a vehicle in order to participate in VIEW and then giving the vehicle to another person.**

If a case is referred for an ADH, it shall not be simultaneously referred for prosecution. Cases dismissed in court or individuals acquitted by the court cannot be referred for an ADH.

102.5 NOTIFICATION OF IPV - Prior to requesting an ADH by the State Hearing authority, the local agency shall provide the form, [Notice of Intentional Program Violation](#), to the individual alleged to have committed the program violation advising the individual of the alleged IPV. In addition, the individual must be informed he can waive his right to an administrative disqualification hearing by signing the [Waiver of Administrative Disqualification Hearing](#) form and returning this form to the local agency within 10 days.

The notice must advise the person that reasonable accommodations are available in order to participate in the hearing. It must also inform the person that if the person has a disability or limited English proficiency that could have impaired the person's ability to provide accurate and timely information, the person should provide this information to the eligibility worker and the hearing officer, as this information could have an impact on the decision about whether there is an IPV.

If there is an indication of a disability or that the person has limited English proficiency that prevented providing accurate and timely information or the capacity to have the intent to defraud or otherwise provide improper information, but the staff has determined to proceed with the IPV because there is compelling evidence of intent to violate the requirements, then it

will not be appropriate to accept a waiver of hearing from the individual and the request for a hearing must be forwarded to the State Hearing authority.

If a signed waiver is received, an ADH is not scheduled and the disqualification period is imposed in accordance with policy at Section 102.3. A copy of the signed waiver is to be sent, for federal reporting purposes, to:

Fraud Management

Virginia Department of Social Services
7 North Eighth Street
Richmond, VA 23219-3301

102.6 REFERRAL FOR AN ADH - If a signed waiver is not received within 10 days, the local agency shall request an ADH be scheduled by submitting **the** form, [Referral for Administrative Disqualification Hearing](#), to the State Hearing Manager. The form must include the following information:

- A. Identifying information
- B. Summary of the allegation(s)
- C. Summary of the evidence
- D. Copies of documents supporting the allegation(s)

The referral is to be signed and dated by the supervisor or local agency director.

A fair hearing and an ADH may be combined into a single hearing if the factual issues arise out of the same or related circumstances provided that the individual receives prior notice of the consolidation.

If the ADH and fair hearing are combined, the agency must follow ADH time frames for conducting an ADH. If the hearings are combined for the purpose of settling the amount of the claim at the same time as determining whether or not the IPV has occurred, the household will lose its right to a subsequent fair hearing on the amount of the claim. However, the local agency must, at the household's request, allow the household to waive the 30 day advance notice period for the scheduling of the ADH when the hearings are combined.

102.7 SCHEDULING THE ADH - Upon receipt of the request for an ADH, the State Hearing authority will forward the request to the appropriate Regional Hearing Officer.

102.8 ADVANCE NOTICE OF ADH - The hearing officer will schedule a date for the ADH and provide written notice to the individual suspected of committing an IPV at least 30 days in advance of the date the ADH has been scheduled. The form, [Advance Notification of Administrative Disqualification Hearing](#), is used for this purpose.

The advance notice of ADH may be sent by first class mail, certified mail - return receipt requested, or by any other reliable method. If the notice is sent by first class mail and it is subsequently returned as undeliverable, the hearing may still be held.

Once the ADH has been scheduled, the ADH is to be conducted and a decision made within 90 days of the date the household is notified in writing that the ADH has been scheduled. A copy of the decision must be provided to the household and the local agency.

102.9 TIME AND PLACE OF THE ADH - The time and place of the ADH shall be arranged so that the hearing is accessible to the individual suspected of committing an IPV. The individual may request a postponement of the ADH if the request for postponement is made at least 10 days in advance of the date of the scheduled hearing. The ADH shall not be postponed for more than a total of 30 days and the State Hearing authority may limit the postponement to one.

102.10 FAILURE OF INDIVIDUAL TO APPEAR AT THE ADH - Unless the agency has received proof that the ADH advance notice has not been received, the requirement to notify the individual alleged to have committed the IPV has been met. The ADH may be held even if the member or representative subsequently cannot be located or fails to appear without good cause.

The individual has 10 days from the date of the scheduled ADH to present reasons other than nonreceipt of the notice to show good cause for failure to appear at the hearing. Good cause reasons based on nonreceipt of the notice must be presented within 30 days of the scheduled hearing.

Even though the individual is not represented, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence. If the individual is found to have committed an IPV but a hearing officer later determines there was good cause for not appearing, the previous decision is no longer valid and a new ADH must be conducted. The hearing officer who conducted the original hearing may conduct the new hearing. The good cause decision must be entered into the hearing record by the hearing officer.

102.11 PARTICIPATION WHILE AWAITING A HEARING - A pending ADH shall not affect the individual's right to participate in the TANF/VIEW program. The local agency may not disqualify an individual until the hearing officer finds that the individual has committed an IPV. This does not preclude, however, the local agency from reducing, suspending or terminating assistance for other reasons.

102.12 CONDUCT OF THE ADH - The hearing officer presides and conducts the hearing informally. Technical rules of evidence are not required. The hearing may be conducted via a teleconference.

A. Attendance at the ADH

The ADH is attended by persons directly concerned with the issue. This normally means a representative of the local agency and the individual alleged to have committed the IPV. **If space is limited, the hearing officer has the right to limit the number of persons in attendance.**

B. Responsibilities and Duties of the Hearing Officer

The hearing officer shall:

1. Identify those present for the record.
2. Advise the individual that he may refuse to answer questions during the hearing and that anything said or signed by the individual concerning the charge(s) may be used against him in a court of law. If the person is not represented and has been determined to have a disability or limited English proficiency that could affect his or her ability to represent him or herself, then the hearing officer must direct the local agency to assist the person in identifying a representative.
3. Explain the purpose of the ADH, the procedure, how and by whom a decision will be reached and communicated, and the option of either the individual or the local agency to request review of the hearing officer's decision by the Commissioner's review panel.
4. Consider all relevant issues. Even if the household is not present, the hearing officer is to carefully consider the evidence and determine if an IPV was committed.
5. Request, receive and make part of the record all evidence determined necessary to render a decision.

6. Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.
7. Advise the local agency to obtain medical assessment at local expense if the hearing officer considers it necessary.

C. Rights of Individual

The individual alleged to have committed an IPV must be given adequate opportunity to:

1. Examine all documents and records to be used at the ADH at a reasonable time prior to the ADH as well as during the ADH. The contents of the case file, including the application form and documents of verification used by the local agency to establish the alleged IPV, shall be made available **provided that confidential information, such as the names of individuals who have disclosed information about the household without its knowledge, or the nature and status of pending criminal prosecutions, is protected from release.**

If requested by the household or its representative, the local agency shall provide a free copy of the portions of the case file that are relevant to the hearing. Confidential information that is protected from release, and other documents or records which the household will not otherwise have an opportunity to contest or challenge, shall not be introduced at the hearing or affect the hearing officer's decision.

2. Present his own case or with the aid of an authorized representative.
3. Bring witnesses.
4. Establish all pertinent facts and circumstances.
5. Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.
6. Advance arguments without any undue influence.

As the individual may not be familiar with the rules of order, it may be necessary to make particular efforts to arrive at the facts of the case in a way that makes the individual feel most at ease.

The individual may refuse to answer questions during the hearing.

D. Responsibilities and Duties of Local Agency

The local agency representative is responsible for presenting the agency's case at the ADH. The agency representative has the same rights as the individual as listed in Section 102.12 C.

102.13 NOTIFICATION OF ADH DECISION - The hearing officer is responsible for rendering a decision based on clear and convincing evidence. The decision shall be based on evidence and other material presented at the hearing. The hearing officer must substantiate his decision by identifying supporting evidence and applicable regulations.

Following the ADH, the hearing officer shall prepare a written report of the hearing which shall include findings, conclusions, decisions and appropriate recommendations. The decision shall specify the reasons for the decision, identify the supporting evidence, identify pertinent TANF regulations and respond to reasoned arguments made by the individual or representative.

The hearing officer must notify the individual of the decision within 90 days of the date of the Advance Notice of ADH. [The Administrative Disqualification Hearing Decision](#) Form shall accompany the findings. The individual shall be informed of his right to request the Commissioner's appeals review panel review of the decision within 10 days of the date of the notice. If the individual is found guilty of an IPV, the decision shall advise the individual that disqualification will occur.

If the individual did not appear at the hearing and the hearing officer determines that an IPV was committed, the hearing officer will delay notification of the decision until 10 days after the date of the hearing to allow the individual time to present good cause for failing to appear. No notice to the individual is required when failure to appear occurs.

The determination of an IPV by the hearing officer cannot be reversed by a subsequent fair hearing.

The individual is entitled to seek relief in a court of appropriate jurisdiction. The period of disqualification may be subject to stay by a court of appropriate jurisdiction or other injunctive remedy.

The amount of the overpayment subject to repayment may be appealed by a fair hearing, provided that the individual did not request a fair hearing for that reason which was consolidated with the ADH.

102.14 IMPLEMENTATION OF THE HEARING DECISION - Upon receipt of the notice of a decision from the hearing officer finding the individual guilty of an IPV, the local agency must inform the individual of the disqualification by sending the Notice of Disqualification for Intentional Program Violation Form. A copy of the decision will be placed in the TANF and VIEW case records. **A copy shall also be sent to the agency's TANF Field Consultant.** The notice shall inform the individual of the reason for the disqualification and the date the disqualification shall take effect or that the disqualification will be postponed until the individual reapplies and is determined eligible for benefits if the TANF case has been terminated or closed. Additionally, this notice must advise the individual of the amount of benefits the assistance unit will receive. The individual must be disqualified in accordance with policy located at Section 102.3. The Advance Notice of Proposed Action must also be sent to serve notice of the reduction or termination of benefits.

If the individual is found not guilty of committing an IPV, no disqualification is imposed and any overpayment is handled as a nonfraud recovery. **If a VIEW participant is found not guilty of committing an IPV for VIEW supportive or transitional services, no overpayment is considered to exist.**

103.1 - PURPOSE OF SAFEGUARDING OF INFORMATION AND SCOPE OF REGULATIONS - Mutual trust and confidence between client and worker are basic to an effective program of assistance and services. The client has a responsibility to provide the information which the agency needs to determine eligibility for assistance or to provide services. At the same time, the client has a right to expect that information given to the agency will be kept confidential and made use of only as needed in the administration of the public welfare program.

The regulations governing the confidential treatment of case information for the TANF program administered at the local agency level can be found in the Department of Social Services Administration Manual, Volume I, Chapter A. Disclosure of information and retention requirements regarding all match reports received through the Income Eligibility Verification System (IEVS), including Internal Revenue Service (IRS) data, can be found in the IEVS User Guide, Chapter C.

103.2 - EXCHANGE OF INFORMATION WITH LAW ENFORCEMENT AGENCIES - The agency must provide upon request to a Federal, state, or local law enforcement officer the address of a current recipient who is a fugitive felon or is in violation of a condition of probation or parole.*

- A. The current address may be given to the officer who furnishes the name of the recipient and notifies the agency that the recipient:
 - 1. is a convicted felon fleeing prosecution, custody or confinement or in violation of a condition of Federal, State or local probation or parole; or
 - 2. has information that is necessary for the officer to conduct their official duties; and
 - 3. the location or apprehension of the recipient is within the officer's official duties.
- B. The record must be documented carefully regarding the release of the address. Documentation must include:
 - 1. The name, badge number and law enforcement affiliation of the officer; and
 - 2. a written request for the address. The form "Request for the Address of a TANF Recipient" (032-03-560) located in the forms drawer may be used for this purpose.

103.3 - RELEASE OF INFORMATION REGARDING PAST RECEIPT OF BENEFITS BY ALIENS* - Section 212(a)(4) of the Immigration and Nationality Act allows the denial of entry into the U.S. of any alien determined likely to become a public charge. If the **U.S. Citizenship and Immigration Services (USCIS)**, the Department of State, or an immigration judge requests information regarding past receipt of AFDC or TANF benefits for the purpose of evaluating public charge risk, the local agency must deny the request unless they have the written consent of the alien.

* Public Law 104-193

103.4 - RELEASE OF INFORMATION TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) REGARDING ILLEGAL ALIENS* - If a representative of the **USCIS** requests information regarding an individual who the local agency knows is unlawfully in the U.S., the local agency must furnish the USCIS with identifying information. This information is limited to the name, address, and Social Security Number of the individual. This information will be reported to USCIS by a local department of social services only upon request by a USCIS representative.

For the local agency to know an individual is unlawfully in the U.S., the individual must have presented as part of the application or renewal process a Final Order of Deportation issued by USCIS or the Executive Office of Immigration Review. For purposes of informing USCIS of illegal aliens, only a Final Order of Deportation is sufficient proof of illegal status.

* Public Law 104-193, Section 404

104.1 PURPOSE AND SCOPE OF APPEAL PROCESS - The Temporary Assistance for Needy Families State Plan and the Code of Virginia, Sections **63.2-517 - 63.2-519**, as amended, provide the opportunity for a "fair hearing" to individuals affected by the administration of the public assistance programs.

The statute establishes the right of any individual to appeal and receive a fair hearing before the State agency (a) because his claim for assistance is denied, or is not acted upon with reasonable promptness; or (b) because he is aggrieved by any other agency action affecting his entitlement to or receipt of assistance, or by agency policy as it affects his situation.

The regulations contained herein are applicable to appeals in the TANF Program. These provisions do not apply to appeals related to the Medical Assistance Program, which is administered by the Department of Medical Assistance Services, except that, when an appeal in relation to Medicaid is requested on the basis of eligibility, the local agency responsible for the determination of eligibility for medical assistance shall participate in the hearing before the Department of Medical Assistance Services.

104.2 ROLE OF THE COMMISSIONER OF SOCIAL SERVICES - Sections 63.2-517 through 63.2-519 of the Code of Virginia vest the Commissioner of Social Services with ultimate authority and responsibility for fulfillment of the provisions of the appeal process. The State Board, as authorized by Section 63.2-217 of the Code of Virginia, establishes policies and procedures to implement the appeal process in accordance with applicable laws and regulations.

The Commissioner may delegate to duly qualified hearing officers the authority to make decisions in any appeal case. The Commissioner shall establish an appeals review panel to review hearing decisions upon the request of either the applicant or the local board. The panel's responsibilities are to determine if any changes are needed in the conduct of future hearings, or to policy and procedures related to the issue of the appeal, and periodically report its findings to the Commissioner.

104.3 PRELIMINARY DEFINITIONS -

- A. Assistance - This term, for purposes of this Section, refers to financial assistance in the TANF program.
- B. Claimant - A person who files an appeal of some aspect of his entitlement to assistance.

- C. State Hearing Authority - A comprehensive term used to designate the State Agency decision-maker in appeal cases; as such, it includes the Commissioner and duly qualified hearing officers of the State Department of Social Services, in whom the Commissioner has reposed full authority to make binding decisions in appeal cases in the name of the State Hearing Authority.
- D. Hearing Officer - An impartial representative of the State Agency to whom appeals are duly assigned and by whom they are heard. He must not have been involved in any way with the agency action on appeal. The hearing officer is empowered with the authority specified herein to conduct and control hearings and to decide appeal cases.
- E. Hearings Manager - An individual who determines, promulgates and assures compliance with internal procedures, including processes for maintaining the Commissioner's review of fair hearings, necessary for an effective State fair hearing system. This individual also provides supervision and training to hearing officers and can hold hearings and render decisions for the Commissioner of Social Services.
- F. State Agency - This term, for purposes of this Chapter, refers to the **Home** Office and to the **Field** Offices of the **Virginia** Department of Social Services. It is the responsibility of the State Agency to assure that appeal provisions are correctly administered, that decisions in appeal cases are consistent with established public assistance policies, and that such decisions are given prompt effect.
- G. Date of Hearing Decision - The Date of the letter conveying the hearing officer's decision. This date should be the same as the postmark. If it is not and the recipients of the letter can verify that it is different, applicable time frames will be extended.

appeal to the State agency within 30 days or upon his right to continued assistance if he appeals prior to the effective date of the proposed change, as specified in Subsection B.

Note: If the recipient did not receive an advance written Notice of Proposed Action or the notice received was not adequate, or due to disability-related reasons the appeal was not filed within 30 days of the action, at the recipient's request financial assistance must be reinstated retroactively to the date of agency action and continued during the appeal process.

The local agency conference may or may not result in a change in the agency decision regarding action.

If the agency decision is not to take action or to take action different from that indicated on the advance notice, the recipient must be so advised by use of the Advance Notice of Proposed Action. Provisions of Subsection B again apply.

If the recipient is not satisfied with the agency action following the conference and wishes to request a fair hearing before the State agency, the local agency must give him the opportunity and, if necessary, provide assistance in filing an appeal. If an appeal is filed prior to the effective date of the change or within two days following the date of the conference, and validated by the hearing officer, assistance must be continued in the original amount until the hearing decision, unless there is a written request to refuse the continuation of assistance pending a decision.

If an appeal is not filed prior to the effective date of the change or within two days of the date of the conference, an appeal will still be valid if filed within the 30-day time limit; however, assistance will be adjusted in accordance with the proposed action.

B. Special Provisions with Respect to Termination or Decrease in Amount of Assistance

1. Advance Notice of Proposed Action - The Goldberg v. Kelly decision of the United States Supreme Court requires that in cases of any proposed reduction, termination, or suspension of assistance payments, written advance notice of the proposed action must be mailed to the recipient at least 10 days before the action is taken. In this context, "action" refers to the date of issuance of the reduced assistance check, or in cases of termination or suspension, failure to issue the check on the regular mailing date. In the computation of the 10 days the date the advance notice is postmarked shall not be included.
2. Provisions Regarding Continuation of Assistance - If a conference is requested within 10 days of receipt of the Advance Notice of Proposed Action, the proposed action will not be taken until a decision is made at the conference. If a hearing request is

received prior to the effective date of any proposed reduction in benefits or within two days following the date of the conference, **and validated by the hearing officer**, assistance must be continued in the original amount without interruption until a hearing decision is rendered but is subject to recovery by the agency if its action is sustained. (Refer to 106.1 E) However, assistance will not be continued in the original amount if the recipient submits, in writing, a statement indicating his/her desire to refuse such assistance. When continuation of assistance in the original amount is declined by the recipient and the hearing decision is in the recipient's favor, the agency will correct the underpayment(s).

Note: A TANF recipient may receive match payments during the appeal process provided the case remains open. Receipt of TANF match payments is contingent upon collection of current child support by DCSE two months prior to the month a payment is issued. If the decision of the agency is upheld, only the TANF benefit amount is an overpayment.

In the event the hearing decision is adverse to the recipient, **the TANF benefit paid is considered an over payment and is to be recouped**. The method of collection is that prescribed for recoupment and recovery of overpayments set forth at Section 503.8.* **TANF assistance granted during the appeal of a VIEW sanction is not considered an overpayment when the hearing decision is adverse to the recipient. The unsuccessful appeal simply delays the imposition of the VIEW sanction and the consequent loss of benefits to the household.**

The requirement for filing an appeal or requesting a local agency conference is met if the request for a conference is made within 10 days of receipt of the Advance Notice of Proposed Action or a fair hearing request is received by the State or local agency, or postmarked, by the effective date of the change. The same time frame for filing an appeal applies in situations where the assistance unit is homeless and it is agreed that all notices will be available to the client at the local agency.

Upon notification by the hearing officer, the agency shall inform the claimant in writing that assistance is being continued in the same amount pending the hearing decision unless there are subsequent changes in the claimant's situation. (Refer to 106.1 E)

The following procedures are established to assure that assistance is continued without interruption in every case where a recipient has filed a valid appeal prior to the effective date of the proposed change:

- A. **If** the proposed action is to terminate or suspend assistance, the assistance check is not mailed but must be available for same day issuance in the event an appeal is filed or a conference is requested within the 10-day advance notice period.

* 45 CFR 233.20(a)(13)

- B. In cases of proposed action to reduce assistance, a check in the reduced amount is issued, but the difference between the reduced amount and the prior amount must be available for same day issuance in the event a timely appeal is filed or a conference is requested.

Note: If the recipient, because of agency error, did not receive advance written notice of the proposed action, or the notice received was not adequate, and an appeal is filed within 30 days of the action, financial assistance must be reinstated retroactively to the date of agency action and continued during the appeal process.

105.3 REQUEST PROCEDURES -

- A. A fair hearing may be requested by an expressed indication by a claimant or by a person acting as his authorized representative (such as a relative, friend or attorney), to the effect that he wishes the opportunity to present his case to a higher authority because of dissatisfaction with its treatment by a local agency. An appeal may be requested orally or in writing.*

The right to make such a request is not to be limited or interfered with in any way. If a household makes an oral request for a hearing, the local agency must complete the procedures necessary to start the hearing process. The Notice of Appeal form must be made available to the household to facilitate appeal requests; however, completion of this form by the household is not required if a clear expression for a hearing has been made by some other method. Local agencies must help the claimant submit and process the request, and prepare the case, if needed. Information and referral services must be provided to help claimants make sure of any legal services available in the community that can provide legal representation at the hearing.

The freedom to appeal must not be prejudiced or limited in any way; local agency emphasis must be on helping the claimant to submit his request and on assisting in preparing his case, if necessary.

Although appeals to the State agency will normally be by use of the Appeal to the State Department of Social Services form, a written request to the State agency by a claimant or his authorized representative, clearly indicating the wish to present his case to a higher authority will be considered a fair hearing request.

- B. An opportunity for a hearing shall be granted, upon such request made within the time limitation specified in Section 105.4 (below), to:
1. Any applicant whose claim for assistance is denied or not acted upon within the time standard specified for processing an application; or
 2. Any recipient who is aggrieved by any agency action affecting his entitlement to or receipt of assistance or by agency denial of, or delay over 30 days in responding to, a request for adjustment in payment.

The applicant or recipient may also appeal the local agency's interpretation of law or policy as well as the equity and reasonableness of policies promulgated under the law, when the claimant is aggrieved by their application in his situation.

106.1 PROCESSING OF APPEAL -

- A. The appeal request, upon receipt by the Hearings Manager, **is assigned to a** hearing officer for validation. The hearing officer will acknowledge the request by letter to the claimant with a copy to his representative, if known, and to the local agency against which the appeal is lodged.
- B. The local agency shall prepare a Summary of Facts in the case to be forwarded to the hearing officer no fewer than 7 days prior to the hearing. A general outline of this summary follows, although the content may vary to fit the particular case situation. All statements made should be factual and phrased in a way not objectionable to claimant.

The Summary of Facts includes the following:

1. Identifying Information

Name of local agency

Name, address, and case number of claimant

Persons included in **the assistance unit** - Name, birth date, relationship to claimant

Other persons in **the household** - **names, relationship to claimant**

2. Date of Request and Reason for Appeal - (Quoting claimant's own words in requesting hearing)

3. Statement of Agency Action

a. Give a brief, factual statement of the reason for agency action, or failure to act, nature and date of agency action. If claimant requested local agency conference, include the date and result of conference. If agency error, negligence, or administrative breakdown was involved, say so.

b. Under the heading "agency policy," give citation and quotation from the TANF Manual of the policy statement on which agency action was based.

c. If the amount of assistance is in question, give **a** detailed breakdown of the claimant's **financial circumstances as shown in ADAPT and on the Statement of Facts** with whatever explanation may be necessary.

d. If the issue appealed is noncooperation with DCSE, give a detailed explanation of the events, dates, and the reason for the noncooperation finding.

4. State whether assistance is continuing **during the appeal process in the amount authorized immediately prior to the adverse action.**

5. The Summary is to be signed and dated by the **supervisor and agency director or designee**. The local agency will retain a copy of the Summary which is the official document for presentation of its case at the hearing.
- C. If upon receipt of the Summary, the hearing officer decides the information which has been submitted is unclear or inadequate, additional information will be requested of the local agency.
- D. The local agency shall mail to the claimant or his representative, at a reasonable time prior to the date of the hearing, a copy of the Summary and any other documents and records which are to be used at the hearing.

If other evidence pertinent to the hearing IS received by the local agency or there are changes in the situation following transmittal of the Summary, copies of the new evidence and a written statement of the changes shall be mailed in advance of the hearing to the hearing officer, the claimant and the claimant's representative, if any. if the agency mails (i.e., postmarks) any other such evidence within fewer than seven (7) calendar days before the scheduled hearing, the hearing officer shall reschedule the hearing upon request.

- E. During the period from the filing of an appeal to receipt of decision by the State Hearing Authority, the local agency continues to be administratively responsible for the case on appeal. This responsibility includes appropriate adjustment in eligibility status or payment necessitated by change in claimant's situation, his income, change in composition of assistance unit, or change for any other reason.

In the case where assistance is being continued during the appeal process, however, assistance must not be reduced below the amount being received at the time of receipt of advance notice of proposed action. Exception: If a change in circumstances occurs during the appeal process, advance notice is sent. If the claimant fails to appeal such proposed additional change, assistance may be adjusted with respect to this change in circumstances.* Any such change shall be reported to the hearing officer for consideration of possible effect on the decision.

106.2 FAIR HEARING PROCEDURES -

- A. A single group hearing may be held by the State Agency in response to several individual requests, provided there is only one common issue involved. In **TANF**, the common issue must be one of State or federal law or policy or changes in State or federal law.** If the claimants request a group hearing on an issue specified in this section, the request shall be granted.

In all group hearings, all policies and procedures governing hearings must be followed. Thus, each individual claimant shall be permitted to present his own case or be represented by his authorized representative.

* 45 CFR 205.10(a)(6)(i)(B)

** 45 CFR 205.10(a)(5)(iv)

- B. The hearing will be conducted at a time, date, and place convenient to the claimant(s) and adequate preliminary written notice will be given. The hearing may be conducted via a telephone hearing or a teleconference if the applicant or recipient agrees.* The claimant will be requested to advise the local agency **or the hearing officer** immediately if the scheduled date or place is inconvenient for him, but, without such notification it is assumed the arrangement are convenient.

The local agency is responsible for assuring that the claimant has transportation to the hearing if he is unable to make his own arrangements.

When a claimant, for good cause, indicates that the scheduled date is not convenient, the hearing date may be extended. The **hearing officer** will determine whether the provision of extension is being abused and reserves the right to set a date beyond which the hearing will not be delayed. Reasons for extending the hearing date shall include, but not be limited to, illness or a disability of the claimant or of a child or other member of the claimant's household for which the individual is responsible for care which prevents the individual from participating on the scheduled date, temporary absence from the locality, **or** unavailability of claimant's legal counsel or witnesses.

- C. The hearing is to be conducted in an informal atmosphere, and every effort will be made to arrive at the facts of the case in a way most conducive to putting the claimant at ease. It is the hearing officer's responsibility to assure that this is done, and he may, within his discretion, designate those persons who may attend the hearing or the particular portion of the hearing they may attend. He has full authority to recess the hearing or to continue it to another date in the interest of fairness.

D. Specific Hearing Procedures

1. Identification of those present for the record.
2. Opening statement by the hearing officer explaining the hearing's purpose, procedure to be followed, how and by whom a decision may be made and communicated to claimant and local agency, and the option of either party, if decision is made by the hearing officer, to request review of said decision by the Commissioner's appeals review panel.
3. The claimant and/or his representative shall have the opportunity to:
 - a. examine all documents and records which are used at the hearing;

- b. present the case or have it presented by legal counsel or other person;
 - c. bring witnesses;
 - d. establish pertinent facts and advance arguments;
 - e. question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses;
 - f. introduce evidence regardless of whether such evidence was available to the agency worker at the time of the agency's decision.
4. The local agency will have the opportunity to clarify or modify its statements contained in the Summary and to question claimant, his representative or witnesses on the salient issue(s).
5. Evidence admissible at the hearing shall be limited to data having a bearing on the issue(s) on appeal. Such issues include those given by claimant at the time of his appeal and those given by the local agency as a basis for its action or inaction under appeal. **The hearing officer determines whether an issue other than the one being appealed may be introduced, but no additional issues are admissible without concurrence of the claimant and the local agency.**
6. If the claimant was required by policy to produce documentation or verification of eligibility criteria **and does not do so**, and the agency acts upon the question of eligibility **for which** the claimant has failed to produce such documentation or verification, the agency shall not be reversed upon the basis of such documentation or verification being produced by the claimant at the hearing. The claimant must reapply to have the evidence considered unless the agency:
- a. Was responsible for securing the evidence or information, but did not.
 - b. Should not have acted without the evidence or information, or
 - c. Placed a demand on the claimant for evidence or information that was beyond the capacity of the claimant to provide.

Approval of a reapplication shall not be retroactive to the prior reduction, denial or termination of assistance.

- E. When the issue on appeal is of a medical nature (e.g., concerning a diagnosis, an examining physician's report, or a VR Disability Determination Unit decision), the hearing officer may request a medical assessment by someone other than the person(s) involved in making the original examination. Such an assessment will be obtained at local agency

For instance, new information may be presented, there may occur clarification of policy, or need for mathematical correction in computations. If such adjustment is satisfactory to claimant, he has the choice either of withdrawing his appeal or of having a formal decision by the State Hearing Authority.

With respect to financial assistance, if such reconsideration or modification requires corrective action for prior months, payments are to be made by the local agency retroactively to the date the incorrect action on appeal became effective.

106.3 DECISION ON APPEAL -

- A. The hearing officer, following the hearing, prepares a written report of the substance of the hearing embodying his findings, conclusions, decision, and appropriate recommendations.
- B. The decision on appeal will be made by the hearing officer by whom the case was heard.
- C. Except when medical information is requested or other essential information is needed, the decision of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, and the official report of the substance of the hearing, together with all papers filed in the proceeding, and the findings and conclusions of the hearing officer. This constitutes the exclusive record for decision and such record shall be available to claimant or his representative at any reasonable time at the State Regional Office serving the local agency.
- D. The decision of the hearing officer, by virtue of the Commissioner of Social Services' delegation, shall be final and binding when tendered in writing to claimant and local agency, and shall be given positive effect regardless of whether review by the Commissioner has been requested.

If the claimant is found eligible for corrective payments, these will be made retroactively to the date the incorrect agency action on appeal became effective. The local agency will assure that administrative action to implement the fair hearing decision is taken no later than the 10th working day following the date on the hearing officer's letter conveying the decision, which is the date the decision is mailed.

- E. The decision of the hearing officer shall be rendered within 60 days following the date the appeal is received **by the local agency or the State Department of Social Services**. An exception to this is when the **hearing officer grants the** claimant or his/her representative an extension, or otherwise occasions a delay, not to exceed 30 days. This constitutes prompt and definitive administrative action and, for these purposes, the date of decision of the hearing officer is considered in relation to meeting the time requirement, and is unaffected by any subsequent request for review by claimant, his representative, or local agency to **the** Commissioner of Social Services.

- F. Any applicant or recipient aggrieved by a final agency action shall have the right to judicial review of such action pursuant to the provisions of the Administrative Process Act (Section 2.2-4000 et seq.). The hearing decision will include information on filing for a judicial review.
- G. If the action of the local agency is overturned as a result of a judicial review, the local agency must take action immediately as specified in the court decision.

106.4 REVIEW OF HEARING OFFICER'S DECISION -**APPEALS REVIEW PANEL**

The Commissioner has established an Appeals Review Panel to review administrative hearing decisions upon request of either the claimant or the local agency. The purpose of the panel is to make recommendations to the Commissioner regarding whether changes are needed to policy or in the conduct of future hearings.

The Appeals Review Panel cannot change the decision of the Hearing Officer. It may only make recommendations to the Commissioner about future changes in policy or procedures.

A request for review by the Appeals Review Panel by either party must be submitted in writing and postmarked within 10 days following the date of the hearing officer's written decision. A request for review from a local agency must be submitted by the director or by his/her designee whose name is on file with the Hearings Manager.

Submit requests for review by the Appeals Review Panel to:

Commissioner
Virginia Department of Social Services
7 North Eighth Street
Richmond, VA 23219-3301

106.5 DISPOSITION OF APPEALS OTHER THAN BY HEARING DECISION -

Every valid appeal shall be disposed of by written decision except in the following instances:

- A. An appeal may be withdrawn in writing by claimant or his representative acting in his behalf.
- B. An appeal may be abandoned by the claimant. An appeal is considered abandoned if neither the claimant nor his representative appears at the time and place scheduled for the hearing without good cause. When **the** claimant or his representative fails to appear, the hearing officer will **issue a 10-day show cause letter to the** claimant giving him an opportunity to explain why he did not appear. If there was a reasonable basis for the failure to appear, the hearing officer will arrange another bearing date.
- C. Death of claimant in a one-member assistance unit constitutes abandonment of an appeal.

Such disposition of an appeal must be entered in the case record.

106.6 AVAILABILITY OF HEARING DECISIONS -

Appeal decisions shall be available for inspection and copying, provided identifying names, addresses of individuals in the specific case, and other members of the public, are kept confidential.

6. **TANF GRANT REDUCTION** - The worker must reduce the **TANF** grant for failure to comply with the immunization requirement. However, the worker must first identify and remove any barriers to accessing immunizations over which the agency has control before imposing a sanction.

Failure to comply with the immunization requirement shall result in a reduction of the monthly **TANF** amount by:

- a. Fifty dollars for one child who fails to meet the immunization requirement; and
- b. Twenty-five dollars for each additional child who fails to meet the immunization requirement.
- c. The worker must impose this reduction until the caretaker/-relative provides verification to the local department of social services that the child is in compliance with the immunization requirement. Upon receipt of verification that a child has received all required verifications, the worker must take action to end the grant reduction by the month following the month in which the verification was received, if administratively possible.

Example: Ms. I is approved for **TANF** in January and is notified of the immunization requirement at that time. At the redetermination in **December**, Ms. I has not obtained any immunizations for her three children, John, Tom, and Mike. The grant is reduced for **January** by \$100 (\$50+\$25+\$25). In **March** she provides verification that John has received all immunizations. The grant reduction is changed to \$75 (\$50+\$25) for **April**. In **May**, Ms. I provides verification that Mike is immunized. The grant reduction is changed to \$50 for **June**. In **July**, Ms. I provides verification that Tom has received required immunizations. The grant reduction is removed for **August**.

- d. If this reduction results in a **TANF** amount of zero, the local agency must consider the assistance unit **TANF** recipients with no payment. The case will remain open for Medicaid purposes.
7. **AGENCY RESPONSIBILITIES** - The local agency has the responsibility of:
- a. Providing assistance to the **TANF** recipient in obtaining verification from providers if necessary and administratively feasible. (Note: The Code of Virginia Section 32.1-46 states "A physician or local health department administering a vaccine required by this sections shall provide to the person who presents the child for immunizations a certificate which shall state the diseases for which the child has been immunized, the numbers of doses given, the dates when administered and any further immunizations indicated.")
 - b. Notifying applicants and recipients of the immunization requirements.

A child living with his parent(s) may be eligible for TANF even though custody is held by the social services department, if all other eligibility factors for TANF are met. When living with a relative of a specified degree other than a parent, a child will be eligible for TANF if he/she is not eligible for AFDC-FC and all other factors for TANF eligibility are met. Refer to AFDC-FC Manual, Section 202.3.A. If eligible for AFDC-FC, the child is not eligible for TANF.

It should be noted that for TANF eligibility purposes a child can only have one home, as defined above in this section. Therefore, if the caretaker/relative qualifies for TANF because of the presence in the home of a child who receives a foster care maintenance payment, the child cannot also be considered to be "temporarily absent" from his or her prior home with a parent or other caretaker/relative, thereby also qualifying such relative for a TANF payment.

The case record must be documented relative to the local agency's finding that the child is living in the home.

A child may not be denied TANF, either initially or subsequently, on the basis that the home is considered "unsuitable" because of conditions existing in the home, unless provision is otherwise made for his adequate care and assistance.* If such conditions appear to exist, referral for protective services must be made.

- C. Minor Parent Residency Requirement ** - A minor parent is an individual under 18 years of age who is the natural parent of the child. A minor parent and the dependent child in her care must reside in the home maintained by her parent or person standing in loco parentis, unless she meets an exception. ("In loco parentis" means a specified relative (see 201.5A) the legal guardian of a minor child, or a person 21 years of age or older who is standing in place of the parent.) Minor applicants must be informed about the residency requirement at the time of application. If the minor cannot make arrangements to live in the home of a parent or person standing in loco parentis within the standard 30 day processing time, and does not meet an exception, then the worker must deny the application.

The priority order for living arrangements of all minor parents is the following: with a parent, with a specified relative, with a legal guardian, or with a person 21 years of age or older who is standing in place of the parent. If the minor parent does not reside with her parent, the local agency shall consider this priority order by encouraging the minor to move, when a more appropriate placement is found in a higher priority level. If the minor parent does not live with her parent(s) and the local agency determines that living with the parent(s) is more appropriate, the worker must make reasonable efforts to advise the parent(s) of their legal responsibility for the minor parent.

Example 1: Sue is a minor parent living with her daughter in the home of her grandmother. Sue states she does not like her mother's rules. Sue's grandmother does not make Sue attend school and does not impose a curfew. Sue's mother provides appropriate supervision. The agency encourages Sue to move in with her mother to receive TANF, and sends a letter to Sue's mother advising her of her legal responsibility for Sue.

* 45 CFR 233.90(b)

** Section 63.1-105.6, Code of Virginia

E. SSN Verification and Documentation

The local agency shall verify the SSNs reported by the assistance unit by submitting them to the Social Security Administration (SSA) through the State Verification and Exchange System (SVES). **The Evaluation of Eligibility Form or the ADAPT Verification Form must be documented to show system searches were completed and the result of the search. The print out from SVES must also be filed in the case record.**

When the SVES inquiry indicates that SSA is unable to verify the SSN provided by the client, the EW must recontact the assistance unit to determine if the information the assistance unit provided is correct and obtain the correct information as appropriate. Entering the corrected data into ADAPT **and SVES** will result in another match being initiated with SSA to verify the SSN.

If the information the agency has is correct, but the information SSA has is incorrect, the assistance unit must be notified that it must appear at the SSA office to provide them with the necessary information such as a change of name due to marriage.

If the assistance unit refuses to provide the necessary information that would allow the verification of a SSN, the individual shall be determined ineligible. For a determination of refusal to be made, the assistance unit must be able to cooperate, but clearly demonstrate that it will not take actions that it can take.

Once the worker determines that the assistance unit must provide information or documentation to either the agency or the SSA the assistance unit must complete such action prior to the next renewal or show good cause why it was unable to do so.

If an assistance unit claims it cannot cooperate for reasons beyond its control, the worker must substantiate the assistance unit's inability to cooperate. For example, an assistance unit may claim it cannot verify a name change because official records were destroyed in a fire. The worker must verify this to the point that he/she is satisfied the claim is accurate, i.e., documentation of the name change no longer exists. In these cases, a SSN match cannot be accomplished since SSA records cannot be corrected without the missing documentation. If the worker verifies that the assistance unit is unable to cooperate in the verification of the SSN, the individual shall not be terminated. The case file must adequately document the assistance unit's inability to cooperate.

If the worker is unable to substantiate the assistance unit's claim that it cannot cooperate, the individual shall be found to have refused to cooperate and shall be terminated.

F. Ending Ineligibility

Once a person has been removed from the assistance unit for refusal or failure to provide a SSN, the ineligible member must provide a SSN before eligibility can be established.

TABLE OF CONTENTS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

Chapter 300 - Need and Amount of Assistance

General Provisions	301.1
Definition of the TANF Assistance Unit	302.1
Definition of Caretaker	302.2
Definition of Payee	302.3
Definition of Siblings	302.4
Persons Essential to Well-Being (EWB)	302.5
Composition of the TANF Assistance Unit	302.6
In TANF	302.6 A.-F.
In Emergency Assistance	302.6 G.
Forming the Complex Assistance Unit	302.7
Minor Parent Situations When Living with a Senior Parent(s)	302.7 A.
Households With Multiple Groups of Children	302.7 B.
Definition of the Standard Filing Unit	302.8
Resources (Obsolete)	303
Standards of Assistance	304.1
Total Allowable Individual Need	304.2
Medical Exams for TANF/ VIEW Recipients	304.3
TANF Match Payments	304.4
Appendix 1 - Grouping of Localities	
Appendix 2 - Standards of Assistance	
Income	
Income Eligibility	305.1
Prospective Determinations	305.1 A.
Prospective Budgeting	305.1 B.
Verification of Income (Earned and Unearned)	305.1 C.
Handling Changes in Income (Earned and Unearned)	305.1 D.
Adding and Deleting Persons with Income	305.1 E.
Applicant's/Recipient's Reporting Responsibilities	305.1.F.
Income to be Counted	305.2
Earned Income	305.3
Definition of Gross Earnings or Profit	305.3 A.
Disregarded Earned Income	305.3 B.
Countable Earnings	305.3 C.

304.3 MEDICAL EXAMS FOR TANF/VIEW RECIPIENTS - In some situations, it may be necessary to have a medical exam completed in order to determine if a client should be exempted from VIEW, or to assess the client's ability to work or participate in the program. The Medical Evaluation, form 032-03-0654, is used to secure this information.

The Medical Evaluation form can be completed by a medical doctor, including a psychiatrist, or doctor of osteopathy, or by a licensed physician's assistant or nurse practitioner working under the auspices of a medical doctor or doctor of osteopathy. The form may also be completed by other qualified medical professionals at the discretion of the agency. The form is to be completed by a medical professional with thorough knowledge of the condition(s) that are believed to limit or prohibit the client's ability to work or participate in VIEW. Typically, this is the doctor or other medical professional who is currently treating the client for the condition. If, however, in the opinion of the agency, the client's condition is such that it should be evaluated by a specialist, then the specialist should make the evaluation and complete and sign the form.

Medical exams necessary to determine exemption status for VIEW or to assess a VIEW participant's ability to work or participate in the program will be arranged through Medicaid when possible. When Medicaid coverage does not exist, the medical exam can be paid for with VIEW funds. The agency will pay for the first medical exam; the agency may pay for additional exams, but is not required to do so.

The agency may choose to request and pay for a 2nd evaluation from a medical professional whenever the 1st evaluation is deemed by the agency to be inadequate to determine the client's exemption status, or ability to work or participate, or is otherwise questionable.

304.4 - TANF MATCH PAYMENTS (TMP) - The 2002 Virginia Acts of Assembly mandates, effective July 1, 2003, that all recipients of TANF cash assistance, including recipients whose deficit is less than \$10, be paid a monthly TANF supplement in an amount equal to the current child support collected by the Division of Child Support Enforcement, less the disregard of the first \$50 of current child support received by the assistance unit.

Match payments are defined as current child support paid on behalf of a case, less \$50. The Match payments are issued in the second month following receipt and are issued with the TANF benefits as a single payment. Payments will be issued even though the combined total of the TANF deficit and TMP total less than \$10.

The TMP is added to the TANF cash benefit after all eligibility and benefit transactions have been completed in ADAPT, i.e., imposition of disregards, penalties, and recoupment have been calculated. Since the match payments are a portion of the unit's monthly assistance payment, policies governing assistance payments must be applied, i.e., notices and fair hearings, with the exception of continuation of benefits.

TANF Match Payments will be issued during months of suspension and during VIEW sanctioned months. The issuance of TMPs to a recipient receiving continued benefits during the appeal process is contingent upon collection of current child support by DCSE two months prior to the payment month.

Since TMP payments are paid two months after collection of support, the case may receive payments for up to two months after case closure. These payments are automatically generated in ADAPT and mailed from the State Department of Social Services.

If the TANF benefit, including the TMP, exceeds the maximum reimbursable payment for the assistance unit, the maximum will not apply and the full amount of the combined payment will be issued.

Information on TMPs is passed to ADAPT each month, based on the amount of current child support paid two months prior to the payment month on behalf of assistance unit members. If current support paid in a month is \$50 or less, no match payment will be included in the TANF check. A TMP change notice will be sent by the State Department of Social Services to affected TANF cases each month, indicating the Match Payment amount to be paid on the first of the following month.

The case record must be documented to reflect the method used to arrive at the anticipated income.

Eligibility must be determined for each month of the application period. Applicants may be ineligible for the month of application and eligible for the month following the month of application. Benefits must be denied for the month of application in ADAPT and granted for the month following the month of application.

Example #1: - On November 17, the worker processes an application dated October 29. Based on converted income received in November, the case is not eligible; however, the case will be eligible for a December payment. Therefore, the case is to be approved effective December 1.

Example #2: - On July 14, the worker processes an application dated June 1. The application was not processed within the 30-day application processing time frame due to a delay by the examining physician in supplying necessary medical information. Verification is received July 13, the worker determines that the case is eligible. The worker approves the case with July 1, as the beginning date of assistance.

Example #3: - On December 6 the worker receives all necessary verification to process an application dated November 3. The assistance unit received a lump sum insurance settlement on December 2; the assistance unit (AU) has no other countable income. The AU is not eligible for the month of application; verification not provided timely. The AU is ineligible for December; lump sum exceeds the standard of assistance. The applicant provides verification showing all monies from the lump sum has been used. The beginning date of assistance for this application is January 1.

Example #4: - On December 12, the worker processes an application dated November 3. The case is eligible for a December payment but ineligible for a January payment. A payment is to be issued for December, and the case is to be closed effective December 31.

C. Verification of Income (Earned and Unearned)

In order to establish income eligibility, verification of all income received or anticipated to be received monthly by the assistance unit is required at the time of application/reapplication, when adding individuals with income, at renewals, and when a change becomes known to the agency. When verification is required, the agency must notify the applicant/recipient of the necessary verification and allow the assistance unit 10 days to respond. The assistance unit has primary responsibility for verifying income; however, if needed, the worker must assist the household in obtaining any necessary verifications.

The assistance unit is not responsible for providing verification of reported unearned income for which verification is accessible to the local agency through systems of records. These records include Bendex, SDX, SVES and VEC inquiry of unemployment benefits. **The Evaluation of Eligibility Form or the ADAPT Verification Form must be documented to show systems searches were completed and the result of the search. The print out from APECS, SVES, and VEC must be filed in the case record. IEVS matches must NEVER be printed.** If the applicant/recipient fails to verify income within 10 days of notification, policy at [401.2.B.1. and 2.](#) regarding substantiation of eligibility factors is to be followed. Verification may be verbal or written in accordance with [Procedures](#) Section VII.

305.3 EARNED INCOME - Earned income is defined as income earned by an individual through the receipt of wages, salary, and/or commissions, or through profit from activities in which he is engaged as a self-employed individual.* Earned income includes pay for jury duty, severance pay, vacation pay, and sick pay from the employer or employer obtained insurance.

Self-employment is defined as a business, farming or commercial enterprise in which the individual receives income earned by his own efforts, including his active engagement in management of property. Income from property when the individual is not actively engaged or when no managerial responsibilities are involved is not considered earned income.** In addition, for TANF purposes, self-employment situations include, but are not limited to, domestic workers, day care providers including babysitters, and chore and companion service providers.

Contract earnings are defined as wages guaranteed by a contract. This does not include work on an hourly or piecework basis or self-employment. A guaranteed wage is one which is received by an individual employed on a contractual basis and paid over a period of time. Earnings of this nature will be prorated according to [305.1.B.2.a.4](#)).

When income is received from property, the eligibility case record must clearly indicate the basis for determining whether or not the individual produces it by his own efforts or whether or not he is actively engaged in management.

A. Definition of Gross Earnings or Profit

1. Gross earned income from wages, salary or commissions means the total amount of pay, irrespective of deductions, withholding or work expenses.** It is not the "take home" pay. Exception: Money advanced from an employer prior to the regular pay date must be counted as part of the gross income in the month of receipt. Any amount withheld to repay an advance in salary received prior to the budget month shall be deducted from gross earnings or profit for the budget month in which it is withheld.
2. Gross earned income of Day Care Providers means the income of a TANF recipient who provides day care in her home minus an allowance for the cost of meals and snacks that are provided. The allowance is not given for children included in the Day Care Provider's TANF assistance unit or for children excluded from her assistance unit. The allowance are the same as those in the Food Stamp Manual at [Part XII, page 6](#), under Allowable Costs of Producing Income for Day Care Providers.

* 45 CFR 233.20 (a)(6)(iii) and (iv)

** 45 CFR 233.20(a)(3)(iii)

*** 45 CFR 233.20(a)(6)(v)

3. Profit from self-employment means the total income received, less the business expenses directly related to producing the goods or services and without which the goods or services could not be produced.***

However, business expenses do not include:

- a. net losses from previous periods;
- b. federal, state, and local taxes;
- c. money set aside for retirement purposes;
- d. personal expenses, entertainment expenses, and personal transportation;
- e. depreciation of equipment, machinery, or other capital investments necessary to the self-employment enterprise.

B. Disregarded Earned Income - As specified below, certain earned income of members of the assistance unit and excluded individuals required to be in the assistance unit must be disregarded in determining need of the assistance unit and amount of assistance to which the assistance unit is entitled. In addition, income disregarded under the provisions of other federal assistance programs must not be counted as income to the TANF assistance unit*. The items listed below are disregarded during the 185% screening. Income disregards are to be applied to gross earned income in the order listed below. (Refer to [Procedures](#) Section VII.A.1.c. to determine student status).

1. All payments issued under the Workforce Investment Act of 1998 (WIA), including Job Corps payments.**
2. Other earned income of any eligible child who is a student*** must be disregarded in the 185% screen, determination of need (for applicants) and grant computation.

* 45 CFR 233.20(a)(4)(iii)

** Public Law 105-220

*** 22 VAC 40-295-60

8. Any portion of an SSI payment and/or Auxiliary Grant.*
9. Payments to VISTA Volunteers under Title I, when the monetary value of such payments is less than minimum wage as determined by the Director of the action office,** and payments for services of reimbursement for out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and other programs pursuant to Titles II and III, of Public Law 93-113, the Domestic Volunteer Service Act of 1973, including Americorps VISTA.*** The worker must contact the Action Office at the following address or telephone number when VISTA payments are reported; Action Office, 400 N. 8th Street, Richmond, Virginia 23219, (804) 771-2197.

Note: This disregard does not apply to payments to participants in Americorps USA and Americorps NCCC. These programs are under the authority of the National and Community Service Trust Act of 1993 which contains no requirement to disregard payments to participants applying for or receiving TANF.
10. The Veterans Administration educational amount for the caretaker 18 or older is to be disregarded when it is used specifically for educational purposes. Any additional money included in the benefit amount for dependents is to be counted as income to the assistance unit.
11. Foster care payments received by anyone in the assistance unit.
12. All payments issued under the Workforce Investment Act of 1998 (WIA), including Job Corps payments.
13. Income tax refunds (including Earned Income Tax Credit payments and refunds). These exempt tax credits include federal earned income tax credits and state earned income tax credits.
14. Any payment made under the Fuel Assistance Program.
15. The value of supplemental food assistance received under the Child Nutrition Act of 1966. This includes all school meal programs; the Women, Infants, and Children (WIC) Program; and the child care food program. **Money paid to day care providers under the National School Lunch Act to serve meals to children, other than their own, is countable.**
16. All federal, state, or local government rent and housing subsidies and utility payments.****

*	45	CFR	233.20 (a) (3) (x)	***	45	CFR	233.20 (a) (4) (ii) (g)
**	45	CFR	233.20 (a) (4) (ii) (h)	****	45	CFR	233.20 (a) (3) (xii)

- g. If a parent or child is ineligible due to prior receipt of a lump sum payment and is in a period of ineligibility, none of his income is to be counted.
 - h. If the parent is a convicted offender, serving a court-imposed sentence while living at home, none of his income is considered available to the assistance unit.
2. Spouse (Stepparent) or parent outside the home - Child support or child support commingled with alimony received or anticipated to be received by the assistance unit is counted as income in the amount actually received, minus the first \$50 each month, in establishing initial eligibility on the basis of need for an otherwise eligible assistance unit.

Child support is considered income belonging to the child. If the child is an SSI recipient or a capped child the support will not be counted.

When a non-custodial parent has been assigned a unitary support order for children included in the AU and children not in the AU, the support must be prorated. The TANF worker must:

1. Prorate the support and key in ADAPT the prorated amount for each child.
2. Contact the district DCSE office to insure their knowledge of a unitary payment for children who are TANF and non-TANF (SSI/capped).

DCSE will follow their procedures identified in Clearinghouse #03-DD-026R.

When a support payment is for a child no longer in the home, count as income any portion of the support used for the AU. Enter the income in ADAPT as a 'Third Party Payment'.

TANF Match Payments issued to the custodial parent representing the total current support will not be considered an overpayment.

If such support is insufficient to meet the needs, the initial grant(s) is to be computed counting all support received prior to the date that the case approval is keyed into ADAPT (See Exception d. below). All support received after case approval must be redirected to the Division of Child Support Enforcement (DCSE). All subsequent grant(s) are to be computed without regard to such income and the amount of the assistance payment will be total needs less all other countable income up to the maximum reimbursable payment. (Refer to 503.9 for retroactive payments at initial application.) The applicant/recipient must be advised that all future support received must be forwarded to DCSE. NOTE: Alimony not commingled with support is to be counted as income. It is not considered as support, is not to be redirected to DCSE, and is not eligible for the \$50 disregard.

Exceptions:

- a. In the event the caretaker fails to cooperate in redirecting these support payments to the State, the caretaker must be

removed from the assistance unit (201.10). All future support, minus the first \$50 each month, anticipated to be received by the caretaker must be considered as income available to meet the needs of the remaining members of the assistance unit until such time support is redirected to the State.

- b. In the event the caretaker cooperates in redirecting support payments to the Division of Child Support Enforcement and the support is sent back to the client, the support will not be counted as income to the client, neither will an overpayment exist. Benefit workers should contact the district DCSE worker to determine what was sent to the client and the accuracy of the DCSE case status.**
 - c.** In situations where the client has cooperated and support is being paid to the Division of Child Support Enforcement but the responsible person is also making a support payment directly to the client, the amount being received by the client is to be counted in total as income to the assistance unit. The \$50 disregard is not applicable to the additional support received by the family in this situation. The income will be counted against the grant until the new support obligation has been established.
 - d.** Pending the establishment of a child support obligation by the District Child Support Enforcement Office, payments made to a third party such as a rental agency in lieu of or in addition to child support, whether based on a court order or a mutual voluntary agreement between the client and the responsible person, must be counted as income to the assistance unit. The \$50 disregard is not applicable to third party payments.
 - e.** If it is anticipated that an amount less than \$50 will not be collected by DCSE after case approval, disregard an amount from the support collected prior to case approval to ensure that a total amount of no more than \$50 is disregarded in the initial month of eligibility.
3. Putative fathers outside the home- In cases involving absent putative fathers, cash contributions are counted as income in the amount received, minus the first \$50 each month, in establishing initial and continuing eligibility until such time as the contribution is redirected to the State. Note: If a notarized statement of paternity, a copy of an

Exceptions: The needs of an individual(s) who is not in the assistance unit due to an IPV sanction, failure to comply with SSN requirements, or failure to cooperate with DCSE will not be allowed.

If the stepparent has not previously filed a return or states that he will claim a different number of dependents for the current year, use the number of dependents he intends to claim for the current year.

Verify by statement from the stepparent.

- 3) Support, including wage assignments paid to individuals not living in the home who are claimed or could be claimed as dependents on the stepparent's federal income tax return.

If the stepparent has not previously filed a return or states that he will claim a different number of dependents for the current year, use the number of dependents he intends to claim for the current year.

Verify by statement from the stepparent.

- 4) Payments for alimony and child support, including wage assignments to individuals not claimed on the stepparent's federal income tax return and not living in the household.

Verify by statement from the stepparent.

Failure of the customer to verify the income of the stepparent will result in ineligibility of the case.

The amount remaining after the above deductions must be compared to the standard of assistance for the assistance unit. If the stepparent's income is less than the standard of assistance for the number of persons in the assistance unit, the parent's needs are included on the grant, and no stepparent income is deemed available. Only the income of the parent and child(ren) is to be considered in determining the grant amount. (Step 2 is not applicable in this instance.)

If the remaining amount equals or exceeds the standard of assistance for the number of persons in the assistance unit, the parent is not included in the assistance unit, and the child(ren)'s eligibility must be determined according to step 2.

Step 2 - Eligibility Determination For the Children When the Parent's Needs Must Be Excluded From the Grant - Determine the child(ren)'s eligibility and grant amount by counting the parent's income, the child(ren)'s income, and that portion of the stepparent's gross income in excess of 150% of the poverty level for two persons (the parent and stepparent), which is \$1,605. The latter is a standard amount and must be used in all cases regardless of the actual number

of dependents the stepparent has. Countable income is to be deducted from the standard of assistance at 90% for the assistance unit.

- b. Stepparent Deeming Procedure Used When the Parent in the Home Refuses/Fails to Cooperate With DCSE - When it is determined that the parent of the TANF child(ren) has failed or refused to cooperate with DCSE, the stepparent's income must be deemed available to the assistance unit, calculating the deemed amount in accordance with 305.4.F.1.a.1) - 4). The deemed income, in addition to the income of the parent and child(ren) must be counted to determine the assistance unit's eligibility and grant amount.

Failure of the customer to verify the income of the stepparent will result in ineligibility of the case.

- c. Stepparent Deeming When the Parent Is Not in the Home With the Stepparent - Deeming stepparent income is not appropriate when the parent of the TANF child(ren) is not living in the home, regardless of whether absence from the home is due to separation, divorce, or death. The stepparent and the natural/adoptive parent will be considered living together, regardless of absence due to military duty, employment, or other absences or convenience, as long as they consider themselves to be living as husband and wife.

If the stepparent is included in a TANF assistance unit, policies and procedures applicable to assistance unit members apply instead of the deeming procedures.

Note: A lump sum payment received by an eligible child's stepparent is considered available to the assistance unit in the month of receipt only.

EXAMPLE #1:

Ms. P. is applying for TANF for herself and her 3 children. Ms. P. receives unearned income in the amount of \$50 per month, and each of the 3 children receives unearned income in the amount of \$50 per month, as well. Ms. P.'s husband (not the children's father) is employed and earns \$1,625 per month. Mr. P. has no other dependents.

1. To determine Ms. P.'s eligibility to be included in the AU:

Mr. P.'s income	\$1,625.00
Less \$90 disregard	<u>- 90.00</u>
	\$1,535.00
Less standard of need for 1 (group II)	<u>-174.00</u>
Amount deemed available to Ms. P.	\$1,361.00
Standard of assistance for 4 person AU	\$ 382.00
Note: The standard of assistance does not include the TANF Match Payment.	

Since the portion of Mr. P.'s income which is deemed available to Ms. P. exceeds the standard of assistance for 4 persons, she is not eligible to be included in the AU.

2. To determine the 3 children's eligibility, and, if eligible, the grant amount:

Stepparent's (Mr. P.'s) income	\$1,625.00
150% of poverty guidelines for 2 (monthly)	<u>-1,605.00</u>
Amount <u>greater than</u> 150% poverty guidelines	\$ 20.00
Standard of assistance for 3-person AU	\$ 320.00
Note: The standard of assistance does not include the TANF Match Payment.	
Less countable income (\$20.00 - amount of Mr. P.'s income which exceeds 150% of poverty guidelines; \$50 - Ms. P.'s unearned income; \$150 - the children's unearned income)	<u>- 220.00</u>
Grant amount	\$ 100.00

EXAMPLE #2:

Ms. J., who has been receiving TANF on behalf of herself and her 2 children reports that she remarried over the weekend. Ms. J. receives unearned income in the amount of \$100 per month. Her husband, Mr. J. is employed, with earnings in the amount of \$800 per month. Mr. J. has 3 children who live with his former wife, for whom he pays support in the amount of \$400 per month.

1. To determine Ms. J.'s eligibility to be included in the AU:
- | | |
|---|-----------------|
| Mr. J.'s income | \$ 800.00 |
| Less \$90 disregard | <u>- 90.00</u> |
| | \$ 710.00 |
| Less standard of need for 1 (group II) | <u>- 174.00</u> |
| | \$ 536.00 |
| Less support paid by Mr. J. to non-household dependents | <u>- 400.00</u> |
| Income deemed available to Ms. J. | \$ 136.00 |
| Standard of assistance for 3-person AU | \$ 320.00 |
| Note: The standard of assistance does not include the TANF Match Payment. | |

Since the portion of Mr. J.'s income which is deemed available to Ms. J. is less than the standard of assistance for 3 persons, she is eligible to be included in the AU. Proceed to grant calculation, since Ms. J. is eligible.

2. To determine the grant amount:

Standard of assistance for 3-person AU	\$ 320.00
Less countable income (Ms. J.'s income)	<u>- 100.00</u>
Grant amount	\$ 220.00

EXAMPLE #3:

Ms. L. is applying for TANF for herself and her 2 children. Ms. L. works 10 hours per week, and earns \$50 weekly. Her husband, Mr. L. (not the children's father) is employed and earns \$2,000 per month. Mr. L. has 1 child, who lives in the household also.

1. To determine Ms. L.'s eligibility to be included in the AU:

Mr. L.'s income	\$2,000.00
Less \$90 disregard	<u>- 90.00</u>
	\$1,910.00
Less Standard of need for 2 (group II) to include Mr. L. and his child	<u>- 257.00</u>
Income deemed available to Ms. L.	\$1,653.00
Standard of assistance for 3-person AU	\$ 320.00

Note: The standard of assistance does not include the TANF Match Payment.

Since the portion of Mr. L.'s income which is deemed available to Ms. L. exceeds the standard of assistance for 3 persons, she is ineligible to be included in the AU.

2. To determine the 2 children's eligibility, and if eligible, the grant amount:

Stepparent's (Mr. L.'s) income	\$2,000.00
150% of poverty guidelines for 2 (monthly)	<u>-1,605.00</u>
Amount <u>exceeding</u> 150% of poverty guidelines	<u>\$ 395.00</u>
Standard of assistance for 2-person AU	\$ 254.00

Note: The standard of assistance does not include the TANF Match Payment.

Therefore, the 2 children are ineligible for TANF, since Mr. L.'s income, in excess of 150% of poverty guidelines, exceeds the standard of assistance for an AU of 2.

2. Deeming Income in Minor Caretaker and Ineligible Alien Cases - Income must also be deemed to an assistance unit in the following situations. Applicable policies and procedures are explained below.

- a. Minor Caretaker Living with Senior Parent(s) - When living together, the income of a senior parent(s) is to be deemed available to the minor caretaker's assistance unit.* The senior parent's income must be considered available to the eligible child(ren) by applying the deeming procedure in Section 305.4.F.2.c. below. A stepparent's income is not deemed available to a minor caretaker's assistance unit.

When the minor caretaker is an SSI recipient, and lives in the home of his/her parent, the income of the senior parent(s) is deemed available to the minor caretaker's TANF assistance unit. If eligibility for TANF exists, the Social Security Office must be informed that the income is being counted for TANF purposes. The EW must document the case record to show that the Social Security office has been advised that the minor caretaker's parent's income is being counted for TANF purposes.*

- b. Ineligible Alien Parent - If a parent living in the home with the eligible TANF child is an alien and is ineligible for assistance

6. A special allowance granted for a specific period (for example, correction of a prior underpayment) is terminated and the recipient has been informed in writing that the allowance shall automatically terminate at the end of the specified period.*
 7. When a recipient requests termination of assistance in writing. Such request is made by written statement, signed and dated by the recipient. If the recipient fails to enter the date, the worker must enter the date such statement is received in the agency.*
 8. When a recipient becomes a patient receiving skilled care, intermediate care or similar other long term hospitalization. Note: See policy in [201.5.B.](#) to evaluate continued eligibility.
 9. When the customer provides a signed, written statement:
 - a) providing information which requires termination or reduction of assistance; and
 - b) indicating that the customer understands that action to reduce or terminate assistance must be taken in response to the information provided.*
- C. Action Requiring Timely Notice - Federal regulations,** require that in certain cases of proposed action to terminate, or reduce assistance, the Advance Notice of Proposed Action must be sent to the client. **The agency may use the Notice of Action for this purpose, unless benefits in both TANF and Food Stamps are being reduced or terminated simultaneously.**

When a change requires both a reduction or termination in public assistance benefits and a reduction or termination in food stamp benefits, the local agency shall issue a single advance notice of proposed action for both the public assistance and food stamp action.*** Timely notice must be sent to the recipient whenever the case is determined to be ineligible and whenever the grant must be reduced based on a change in the circumstances reported by the client or from any other source.

When the proposed action is to sanction a case for noncompliance with the Virginia Initiative for Employment not Welfare (VIEW) program, advance notice must be given using the Advance Notice of Proposed Action, 032-03-018/21 (Intranet version). A copy of the notice must be sent to the Employment Services Worker to file in the VIEW record. (Refer to [Chapter 1000](#), pages 58-66.)

* 45 CFR 205.10(a)(4)(ii)

** 45 CFR 206.10(a)(4)(i)

*** 7 CFR 273.12(f)(4)(i)

Calculating Overpayments	503.7
Determination of Continued Eligibility	503.7 A.
Determination of When the Overpayment Began	503.7 B.
Impact on Earned Income Disregards When	
Calculating Overpayments	503.7 C.
Support Related Overpayments	503.7 D.
Income Related Overpayments	503.7 E.
Overpayments Not Related to Income	503.7 F.
Overpayments Resulting from Incorrect Composition	
Of the Assistance Unit	503.7 G.
Support Collected	503.7 H.
Localities Meeting 100% of Need	503.7 I.
Notification, Recoupment and Recovery of Overpayments	503.8
Recoupment	503.8 A.
Recovery	503.8 B.
Responsibility for Overpayments	503.8 C.
Prompt Correction of Overpayments	503.8 D.
Determining Intentional Program Violation (IPV)	503.8 E.
Reporting Overpayments	503.8 F.
Correction of Prior Underpayments	503.9
Offsetting Overpayments and Underpayments	503.10
Appendix I - Check Handling Information and Procedures	

Example: In June the worker discovers that an eligible child left the home on August 5 of the previous year. The child should have been reported no later than September 10. Overpayments must be calculated beginning with the October payment. The overpayment amount is the difference between the grant received each month and the correct grant for the actual number of eligible members living in the household.

G. Overpayments Resulting from Incorrect Composition of the Assistance Unit

When it is discovered that an individual required to be in the assistance unit is living in the home, it must be determined if an overpayment occurred. This determination is to be made as follows:

1. Redetermine eligibility for each month beginning with the month following the month the individual entered the home or was required to be in the assistance unit, including the individual's needs, and actual income. Any resulting overpayments must be recouped/recovered.
2. If during the period in which the individual was required to be in the unit he had no income or his needs exceeded his income, an underpayment has occurred only for the months in which all categorical requirements were met and the conditions of eligibility are retroactively deemed to be met per Section 401.2.B.2.c. (See Section 503.9.)

H. Determining the amount of the overpayment when support has been paid for a child in the TANF assistance unit.

1. The agency must determine the amount of support paid for children in the AU using the report, *TANF Cases, Current Collected Support, and Expected TMPs*.
2. The following must be subtracted from the total TANF check issued for the month:
 - The TANF Match Payment (TMP) amount, and
 - Current monthly support paid to DCSE not redirected to the recipient

Example: A \$354 TANF payment was made for the month of April which included a \$100 Match Payment. The amount subject to recoupment is \$254 (**Group II, AU = 2**), minus total **current** support collected by DCSE in April (the month the overpayment occurred), which was **\$150**; therefore, the April overpayment is **\$104**.

I. Determining Overpayments Resulting from Redirected Support Paid to the Client

1. An overpayment must be determined when a TANF recipient who was receiving support at the time of TANF application fails to redirect following TANF case approval.
2. An overpayment will not exist when DCSE returns to the client support which the recipient has redirected to DCSE.
3. An overpayment amount will be determined for new support not redirected to DCSE only when the support amount will cause the total income for the AU to exceed 130% of the Federal Poverty Level.

4. **An overpayment will exist when a TANF recipient fails to report on the Interim Report or at time of renewal the receipt of new support.**
- J. In localities meeting the standard of need, only the standard of assistance State/federal share of the TANF overpayment is to be reported to Financial Management. Each locality is then responsible for recovery of the local share of the overpayment directly from the client.
- K. Calculating a VIEW Overpayment - A VIEW overpayment occurs when a VIEW participant is found to have committed an IPV for receiving a payment or purchase on his behalf which is an amount greater than what he is eligible for or for which he is ineligible.

The worker must determine if the participant is still eligible for services and determine the correct cost of the services that the participant would continue to receive. The case record must be documented with information to support the establishment of the claim or the reason for not establishing the claim.

Example: The agency gives the client a \$50 voucher for work clothing. The client changes the amount to \$500 and the vendor honors the voucher. There is an overpayment of \$450.

Determination of When the Overpayment Began - The agency is to determine when the overpayment began and secure all verifications necessary to calculate the overpayment. The worker is to use the best available evidence including, but not limited to:

1. past and existing vouchers from vendors that were paid in the period that the overpayment occurred,
2. the history of payments for supportive or transitional services that were paid for by the local agency in the period that the overpayment occurred and,
3. the amount calculated starting 10 days from when the client had knowledge of the information.

When calculating the overpayment amount the worker is not to include any amounts that the individual paid toward services that were provided in the period the VIEW overpayment occurred.

Note: The client is to repay the calculated amount unless the court orders differently.

503.8 **NOTIFICATION, RECOUPMENT AND RECOVERY OF OVERPAYMENTS** - State Board policy, adopted in accordance with federal regulations,* requires the local department to promptly recoup or recover any overpayments including overpayments resulting from assistance paid pending hearing decisions. Repayment by either a former or current recipient of the overpayment can occur through recoupment or recovery or both. The agency should discuss voluntary repayment with the client prior to initiating a recoupment.

- A. Notification to the assistance unit must be given before recoupment or recovery of an overpayment begins. After calculating the total amount of the overpayment, the local department of social services must send the 'Request for Repayment' of TANF Benefits and/or Payments for VIEW Services' form. The form is available on the VDSS Local Agency page under TANF Claims. The first page of the form displays the period over which the overpayment occurred and the total amount of the overpayment. The second page allows the individual to select the method of repayment.

A copy of the form must be sent to the TANF recipient or previous TANF recipient and a signed copy filed in the case record. The completed form must remain in the case record until the overpayment has been satisfied.

On active TANF cases when the signed form is not returned, recoupment should begin the first month following the 30th day but not later than the second month following the 30th day.

- B. Recoupment consists of withholding all or part of the assistance payment. An overpayment made to a current recipient must be recouped by reducing the amount of any future assistance payable to any assistance unit of which the individual is a member.

1. In situations where the client has no cash reserve or countable income (payment equals the Standard of Assistance for the AU), 10% of the assistance payment may be recouped until the overpayment has been repaid.

Example: Grant of \$320.00. Recoup 10%. New grant \$288.00.

2. In situations where the client has earned income, unearned income, or any combination thereof, in addition to his assistance payment, part or all of the assistance payment may be recouped as long as the assistance unit retains at least 90 percent of the standard of assistance when the total gross income and the amount of the current grant are considered.
 - a. Determine the amount of the overpayment.
 - b. Combine all gross income (no earned income disregards apply) and the current grant.
 - c. Determine what 90% of the standard of assistance for a family of equal size in the same locality would be. This represents the amount of money the client must have available to live on.

- d. The difference in Step b. and c. represents the client's ability to repay the overpayment.

The monthly assistance payment will be reduced according to (1) and (2) above until such time as the overpayment has been repaid. If, however, income and/or cash reserves have been counted in establishing the client's ability to repay, recovery of the overpayment may also be accomplished through voluntary repayment. This option is to be offered to the client prior to initiating a recoupment.

If recoupment reduces the grant to zero, the case will be retained as TANF eligible with no money payment.

- C. Recovery consists of making arrangements with a former or current recipient for voluntary repayment of all or a portion of the overpayment even though the client may no longer be eligible for assistance. If a former recipient fails to make the voluntary repayment, the agency must initiate action under Section 63.2-512, Code of Virginia, to collect the amount as a debt. Failure or refusal of a current recipient to voluntarily repay the overpayment will result in court action only when recoupment is not possible and, thus, precludes prompt correction of overpayments as described in 503.7D, i.e., no grant from which to recoup due to a deficit of less than \$9.50.
- D. RESPONSIBILITY FOR OVERPAYMENTS - The allowable amount of recoupment or recovery of the overpayment from the client is limited to the total amount of the overpayments.
 1. When TANF benefits **or VIEW supportive services are overpaid**, the caretaker(s) of the assistance unit at the time the overpayment occurred shall be responsible for repayment of the overpayment.

The agency shall recoup or recover any overpayment from:

 - a. The assistance unit which was overpaid.
 - b. Any assistance unit of which a **caretaker** of the overpaid assistance unit has subsequently become a member.
 2. **Other members of the assistance unit at the time of the overpayment are not liable for repayment of an overpayment.**
 - a. Identify the liable individuals in ADAPT, on the Individuals Liable for Overpayment/Claim screen (BATAIL).
 - b. Enter an 'A' in the field 'Action' for each caretaker who was included in the AU when the overpayment occurred.
 - c. Enter a 'D' in the field 'Action' for each child who was included in the AU when the overpayment occurred.

12. Replacement Check - A local or State check that is written to the payee to replace a State check that is mutilated or has a stop payment placed against it. The local agency that wrote the original check is the only local agency that can write such a check.
13. Specific Payment Inquiry - Information specific to an individual payment on the Payment History.
14. Stop Payment - An action placed against a check so that it will not be honored, i.e., in the case of a lost/stolen or mutilated check. The check is stopped, not the payment to the client. Recoupment is not affected. A local or State check generated through ADAPT should be issued to the payee.
15. VACIS - The Virginia Client Information System (VACIS) accessed by FPU to send and receive check status information. **Prior to 10/04** codes entered into VACIS by FPU are communicated to the ADAPT check handling screens.

B. TANF Checks - Schedules and Mailing Information

1. Mailing - State-generated TANF checks are mailed by the State Treasurer's Office. The check date is the mailing date.
2. Monthly Cycle - Ongoing State-generated TANF checks to be issued/mailed on the first of each month.
3. Daily Cycle - Initial and supplemental checks generated by the State.

C. Undelivered Check Procedures

1. Check Returned to VDSS by the Post Office

Responsible
Party

Action

FPU

- As soon as a check is returned to VDSS, FPU **will enter** the check status **code of "u" (undelivered)** to flag the check.
- This updates the Public Assistance Payment History (CHPAH1) screen in ADAPT, notifying the EW that the check has been returned to the State and places an entry on the PA Check Actions Required Inquiry screen of the LDSS. To view **this screen go to Check Handling (CH) Menu, Option 8, (CHACTQ)**.
- Note: If action is not taken by the locality within 10 calendar days from the handling date shown on CHPAH1, the check will automatically be cancelled by FPU with a CA1 code.

To reissue a check after a CA1 has been entered, the check must be authorized through Benefit Adjustment (BA).

a. To remail the undelivered check within the 10 day time frame):

Responsible
Party

Action

- | | |
|------|--|
| LDSS | <ul style="list-style-type: none">▪ The EW accesses the ADAPT Main Menu, selects Option 8, Check Handling Menu (CHMENU), then selects Option 2 on CHMENU, Check Status Update. (CHSTAT)▪ The Public Assistance Payment History (CHPAH1) screen is presented. The EW enters "Y" beside the check to be remailed.▪ This brings up the Check Status Update (CHSTAT) screen. The EW completes the Status Update Reason Code, entering "D01" to mail the check to the same address, or "D02" and the new address to mail the check to a new address. |
| FPU | <ul style="list-style-type: none">▪ FPU checks the Check Actions Due Listing in FPU sub-system daily and, upon receipt of notification, remails the check. This action updates the Public Assistance Payment History (CHPAH1) to show the check status as "Remailed." |

b. To cancel the undelivered check within the 10 day time frame:

Responsible
Party

Action

- | | |
|------|---|
| LDSS | <ul style="list-style-type: none">▪ The EW accesses the ADAPT Main Menu, selects Option 8, Check Handling Menu (CHMENU), then selects Option 2 on CHMENU, Check Status Update (CHSTAT).▪ The Public Assistance Payment History (CHPAH1) screen is presented. The EW enters "Y" beside the check to be cancelled.▪ This brings up the Check Status Update (CHSTAT) screen. The EW completes the Status Update Reason Code, by entering the appropriate cancellation code. This information is sent to FPU through advising them to cancel the check. |
| FPU | <ul style="list-style-type: none">▪ FPU checks the Check Actions Due Listing daily and, upon receipt of notification, cancels the check. This action updates the Public Assistance Payment History (CHPAH1) to show the check status as "Cancelled." |

2. State Check Returned to LDSS

Responsible
Party

Action

LDSS

- When a check is returned to the LDSS, it must be cancelled. The EW must stamp the back of the check with the agency stamp and return it to FPU with a note to cancel the check and stating the reason the check was returned.
- Note: Do not write VOID on the check.

FPU

- FPU cancels the check and updates the Public Assistance Payment History (CHPAH1) in ADAPT to show the check status as "Cancelled."

3. Check Reported Undelivered by Payee

Responsible
Party

Action

LDSS

- When the payee reports nonreceipt of the check, the EW determines if the payee has moved since the last check was received.
- If the payee has moved, he/she should inquire at the former address about the delivery of the check there. The EW must immediately update the address section of the Case Information 1 (AECASE) screen to ensure that future checks are sent to the new address.
- If the payee has not moved, ask him/her to watch for the postal carrier the next day and inquire about the check delivery.
- The EW must verify that the check in question was issued. To do this, access Option 8 on the ADAPT Main Menu to bring up the Check Handling Menu (CHMENU). On CHMENU, access Option 1, PA Payment History Inquiry. This presents the Public Assistance Payment History (CHPAH1) screen where the status of the check is displayed. **Transmit to last screen. Review check mailing address (CHOADD) to verify where check was mailed.**
- Note: The EW must check the Public Assistance Payment History (CHPAH1) at least daily.
- If ADAPT shows a check was processed, follow the lost/stolen procedures.
- If ADAPT shows anything other than processed, follow the procedures for that status.

4. Check Reported Lost/Stolen by Payee

a. The payee reports nonreceipt of a TANF check:

Responsible
Party

Action

- LDSS
- The pay FIPS reflected on the Public Assistance Payment History (CHPAH1) is the LDSS responsible for the check, regardless of the present locality of residence. The **original** locality will **initiate** the stop payment **action, and** issue the replacement check. Note: A FEP recipient check must be a State-issued check. If locally written, no reimbursement is available.
 - Before initiating any action, the EW must look up the payment history to be sure a check was written and sent (**CHOADD**) and to make sure that the check has not been cancelled, undelivered, re-issued, mutilated or stopped. If any of these appear, refer to the appropriate procedures. Note: **CHOADD will not display for direct deposit.**
 - To check the payment history, access Option 8 on the ADAPT Main Menu to bring up the Check Handling Menu (CHMENU). On CHMENU, access Option 1. This presents the Public Assistance Payment History (CHPAH1) screen where the status of the check is displayed. To view payment details, enter a "Y" beside the lost/stolen check and the PA Specific Payment History (CHSPHS) screen will display. **When you transmit from CHSPHS CHOADD will display.**

b. Obtain signed affidavits:

Responsible
Party

Action

- LDSS
- If a check was issued, have the payee complete and sign three State affidavits (Form 032-06-118/3). Both the front and back of the affidavits must be completed. The affidavits must be notarized and stamped with the notary seal.
 - If the affidavits are incomplete, incorrect, or are photocopies, FPU will return them to the LDSS for correction. FPU will not make corrections to the forms. All three affidavits must be original copies with an original signature.
 - Note: The payee for the check is the only person allowed to sign the affidavits. If the payee and recipient are two different people, be sure the payee is signing the affidavits.

Responsible
Party

Action

- LDSS
- Send two of the affidavits to the FPU in a large envelope. The affidavits must not be folded. Send the affidavits via overnight pouch to:

Margretta Patterson
VDSS **Home** Office
Division of Finance
Fiscal Processing Unit
 - File the third affidavit in the eligibility record.

c. Enter stop payment request in ADAPT:

Responsible
Party

Action

- LDSS
- After the fourth mail delivery day from the check date (same as the mail date), if the payee still has not received the check and the check has not been reported by the FPU as undelivered, initiate action to stop payment.
 - Note: If the payee reports that the check has been lost or stolen after receipt, the stop payment procedures still apply.
 - The EW accesses the ADAPT Main Menu, selects Option 8, Check Handling Menu (CHMENU), then selects Option 2 on CHMENU to access the Public Assistance Payment History (CHPAH1) screen.
 - On CHPAH1, place a "Y" in the field beside the TANF check for which the stop payment is appropriate. This brings up the Check Status Update (CHSTAT) screen.
 - On CHSTAT, enter the appropriate stop payment code in the Status Update Reason Code field. Note: A supervisor must authorize this function.
 - This information is sent to FPU **through the** Check Actions **Due Listing**, notifying FPU of the stop payment request.
 - Under no circumstances should an LDSS request a stop payment without having two completed affidavits with original signatures. An LDSS that requests a stop payment without first obtaining affidavits risks nonreimbursement of a locally issued replacement check.

Responsible
Party

Action

FPU

- FPU checks **ADAPT Action Due Listing** at least once a day for stop payments initiated by the LDSS.
- Upon receipt of two correctly completed affidavits and the stop payment request through ADAPT, FPU takes action to stop payment on the check, then updates the Public Assistance Payment History (CHPAH1) screen to show the check status "Stop Resolved."
- Note: Only after the check status on the PA Payment History (CHPAH1) has been changed to "Stop Resolved" can a State check be written or a locally written check be **recorded and reimbursed**.

D. Checks Lost by First Cashier After Check Is Cashed by Payee (e.g., Fire, Robbery, or Employee Error)

Responsible
Party

Action

LDSS

- Affidavits are not required from the payee. However, for the locality's own protection, it is recommended that the payee sign a statement that he/she did cash the check at the cashier's and did receive the amount of the check. Have the statement signed by a notary and keep it in the case folder.
- Enter a stop payment request in ADAPT and write a letter of explanation to the FPU. The letter must be on LDSS letterhead and include the check/warrant number, case number, payee name, date, and amount of the check. A copy of the payment history can be used to provide the identifying information.

FPU

- Upon receipt of the explanation, FPU takes action to stop payment on the check, then enters the appropriate stop payment code in VACIS. This, in turn, updates the Public Assistance Payment History (CHPAH1) to show the check status "Stop Resolved."
- The LDSS must then issue a local check to the cashier and record the check in ADAPT using Option 4 on the Check Handling Menu (CHMENU). This information is transmitted to the F10.2 report. Upon receipt of the report by the LDSS, the check information must be entered in LASER. The LDSS will be reimbursed via electronic transfer.

E. Mutilated Checks

Responsible
Party

Action

- | | |
|------|--|
| LDSS | <ul style="list-style-type: none">▪ The pay FIPS reflected on the Public Assistance Payment History (CHPAH1) is the LDSS responsible for the check, regardless of the present locality of residence.▪ If less than one-half of the check is recovered, follow stop payment procedures under "Lost/Stolen Check Procedures" in C.4.c above.▪ <u>Note</u>: A mutilated check cannot be cancelled.▪ If one-half or more of the check can be recovered and can be read, send the mutilated check to FPU. Attach a letter on LDSS letterhead explaining what happened and including all the identifying information on the check, i.e., case number, check/warrant number, name and address on the check, amount, check date and FIPS code on check. A copy of the payment history can be used to provide the identifying information. |
| FPU | <ul style="list-style-type: none">▪ FPU enters a check status code of M01. This updates the ADAPT PA Public Assistance Payment History (CHPAH1) check status to "Mutilated." |
| LDSS | <ul style="list-style-type: none">▪ The EW issues a local check to the payee. |

F. Lifting a Stop Payment Order

Responsible
Party

Action

- | | |
|------|---|
| LDSS | <ul style="list-style-type: none">▪ Telephone Margretta Patterson in FPU at (804) 726-7246 and request that the stop payment be lifted, or email her at margretta.patterson@dss.virginia.gov.▪ If the stop payment can be lifted and the LDSS has not issued a replacement check to the payee, the payee may cash the original.▪ If the stop payment can be lifted and the LDSS has issued a replacement check to the payee, retrieve the original State check from the payee. During the phone call to FPU, the LDSS will receive instructions concerning reimbursement if a local check was issued. |
|------|---|

G. Check Cashed After Stop Payment Placed Against Check

Responsible
Party

Action

- | | |
|-----|--|
| FPU | ▪ The bank voids the stop payment request if the check has been cashed on the same day. If the check is cashed the next day and the stop payment is in place, the cashier must request replacement from the recipient who received the cash. |
|-----|--|

H. Check Cashed Before Stop Payment Request

Responsible
Party

Action

- | | |
|-------------|---|
| <u>FPU</u> | ▪ The bank is checked for the status of the check. Fraud action will be initiated by FPU. |
| <u>LDSS</u> | ▪ The locality will issue the replacement check following procedures in C.4.c. above. |

I. Procedure to Ensure Reimbursement for a Locally Issued Check

Responsible
Party

Action

- | | |
|------|---|
| FPU | ▪ FPU receives the affidavits, determines they are correctly completed, and enters S84 or S85 into ADAPT . This updates the check status on the Public Assistance Payment History (CHPAH1) screen in ADAPT. |
| LDSS | <ul style="list-style-type: none">▪ <u>After</u> FPU has updated the Public Assistance Payment History (CHPAH1) screen indicating a stop payment against the original check, a local or State replacement check may be written.• The EW then records the locally issued check using Option 3 or Option 4 on the Check Handling Menu (CHMENU). This information is transmitted to the F10.2 report and upon receipt in the LDSS must be entered into LASER. The LDSS will be reimbursed via electronic transfer. |

TABLE OF CONTENTS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

Chapter 600 - Support from Legally Responsible Persons

Support Enforcement Program	601.1
Legal Base	601.1 A.
DCSE Responsibilities	601.1 B.
Local Agency Responsibilities	601.1 C.
Referral of Case Information to Division of Child Support Enforcement	601.2
Referral of TANF Case	601.2 A.
TANF-UP Cases	601.2 B.
Changes to TANF and TANF-UP Cases	601.2 C.
Contact with the Absent Parent	601.2 D.
Automated Communication with DCSE	601.2 E.
Legally Responsible Persons	601.3
Husband	601.3 A.
Wife	601.3 B.
Parent, Natural or Adoptive	601.3 C.
Stepparent	601.3 D.
Out-of-Wedlock Father	601.3 E.
 Redirection of Support Monies from Non-Custodial Parent	 602.1
Treatment of Support	602.2
Support from Non-Custodial Parents Absent from the Home	602.3
Support from Responsible Persons in the Home	602.4
Minor Caretaker/Remarried Caretaker	602.4 A.
Stepparent	602.4 B.
Handling of Support Payments Collected by the State	602.5
Notification Report	602.5 A.
 Appendix I - Information to be Given to Applicant/Recipient	
Appendix III - Child Support Enforcement District Offices and the Localities Within Districts	
www.dss.virginia.gov/family/dcseoffices.cgi or	
http://localagency.dss.virginia.gov/divisions/dcse/contacts.cgi	

601.2 REFERRAL OF CASE INFORMATION TO DIVISION OF CHILD SUPPORT ENFORCEMENT - Federal regulations specify that the local agency is responsible for reporting to the Division of Child Support Enforcement (DCSE) all identifying information regarding each absent parent including putative and legal fathers, to aid in the securing of support and establishing paternity for TANF cases.* This information must be provided concurrent with action approving the application or adding a child to a case, and is reported to DCSE. The information is collected on the "Absent Parent Deprivation/Paternity Information Form" and "IV-A/IV-D 501 Supplement." Information obtained is then entered into the MAPPER 501 system in the specified elements or, if there is no specific element, in the comment area. The collected information is transmitted to DCSE upon case approval or action to add a child.

Copies of documents, such as VS95's, paternity statements, birth verifications, and court orders or divorce decrees, if available, are to be submitted at the time of case approval by attaching the legal document or supplement to the "Document Transfer Cover Form" and sending it via the courier pouch to the DCSE district office serving your locality.

A. Referral of TANF Cases

All TANF children with at least one parent absent from the home, including unestablished paternity, must be referred to the Division of Child Support Enforcement (DCSE).* This referral is to be completed for each absent parent (AP), including legal fathers and putative fathers (whether the putative father is living in the home or not).

A 501 must also be completed for SSI children with at least one parent absent from the home upon case application or action to add a child to an existing assistance unit. System coding prevents children with an 'Exclusion Code' of A17 (SSI or AG Recipient) on EDDRVA (Non Financial Results) to be transmitted to DCSE. This child will be considered Non-TANF and support collected for this child will be sent to the custodial parent.

Current support paid to DCSE and sent to the custodial parent for the SSI child will not display on the report, 'TANF Cases, Current Collected Support, and Expected TMPs.' The TANF recipient will not receive a TANF Match Payment based on the redirected support for the SSI child.

No referral to DCSE is to be completed for a deceased legal parent, a deceased putative father, TANF-UP parents, a court convicted legal parent living in the home who is doing unpaid community service, the caretaker's absent spouse who is not a parent of one of the children in the assistance unit, or the absent parent of a child subject to the family cap provision, or the father of a child conceived by artificial insemination from an anonymous donor. In addition, no referral to DCSE is to be completed for an adoptive parent, a biological parent, or a putative father when there is a court ordered termination of Adoptive Parents Rights for a child. The client's statement is acceptable verification of the parent's status (reason for absence, including death), unless there is reason to question the information provided.

* 45 CFR 235.70

It is the responsibility of the eligibility worker to obtain as much information as possible at the time of application and when an individual is added to the TANF case. When any new information regarding the absent parent becomes known to the agency at each redetermination or during the interim, this information is to be transmitted to DCSE via the MAPPER 501 system.

In order for DCSE to have a "workable case," it is vital that certain key information be obtained by the Eligibility Worker when completing the form or transmitting information via the MAPPER 501 System. When interviewing the applicant/recipient, concentrate on securing the following information:

- AP's name
- AP's residence address (current and past)
- AP's Social Security Number
- AP's employer's name and address (current and past)
- AP's date of birth
- AP's parents' name and address (even if deceased)

Any of the above information, either in whole or a combination thereof will be beneficial to DCSE in locating the absent parent.

If the applicant/recipient cannot give the AP's name or can only provide the AP's name and no other identifying information, the Eligibility Worker should obtain as much information as possible on the "Absent Parent Deprivation/Paternity Information Form" and "IV-A/IV-D Supplement" for transmission to DCSE.

The Absent Parent Deprivation/Paternity Information Form and "IV-A/IV-D Supplement" are not to be given to the applicant/recipient to complete. The Eligibility Worker is to interview the individual and after completing the forms, have the parent or caretaker/relative other than the parent sign them.

The following criteria are to be applied when referring an absent parent to DCSE:

1. In all cases where the child's parents are married or were married at the time of the child's birth and when someone other than that parent is identified as the child's father, the putative or acknowledged father is to be referred as well as the legal father.
2. **If the father's name appears on the child's official birth certificate issued in 1996 or later by the Virginia Department of Health, Division of Vital Records, or by the vital records section of any other state government, evidence of paternity exists for TANF purposes.**

3. When there is no legal parent or acknowledged father and more than one individual is named as a child's parent, refer all named individuals
4. If an applicant/recipient claims that the father of the child is unknown, a referral must be made. The reason that the father is unknown must be evaluated with the applicant/recipient to determine if failure to cooperate or good cause exists. (201.10 A.1.c and 201.10)
5. For an otherwise eligible child who has been emancipated by court order (Sections 16.1-331 through 16.1-334 of the Code of Virginia), a referral must be made on the absent parent(s). For an otherwise eligible child who has been emancipated by marriage, the referral will also be made on the absent parent(s).

B. TANF-UP Cases

The natural or adoptive parents residing in the home in a TANF-UP case are not referred to DCSE. Determine if an absent parent of a child(ren) in the assistance unit must be referred as per policy in this section.

C. Changes to TANF and TANF-UP Cases

Changes to TANF and TANF-UP case information will be transmitted to the Division of Child Support Enforcement by computer.

When a child is added to an existing case, all identifying information regarding the absent parent must be provided to DCSE on the MAPPER 501 system concurrent with action to add the child in accordance with Section 601.2 A.

D. Contact with the Absent Parent

When the local agency determines that contact with the absent parent is necessary, such contact will be limited to verifying contributions being made directly to the assistance unit.

DCSE District offices information can be accessed at
www.dss.virginia.gov/family/dcseoffices.cgi, or
<http://localagency.dss.virginia.gov/divisions/dcse/contacts.cgi>

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES -

UNEMPLOYED PARENT (TANF-UP)

PROGRAM

4/06

701.1 - 701.2

701.1 PURPOSE OF THE TANF-UP PROGRAM

The Temporary Assistance for Needy Families - Unemployed Parent (TANF-UP) Program is intended to provide assistance to families with two able-bodied parents.

701.2 CATEGORICAL REQUIREMENTS AND CONDITIONS OF ELIGIBILITY APPLICABLE TO THE TANF-UP PROGRAM

- A. Members of the assistance unit must meet existing categorical requirements and conditions of eligibility for TANF.
- B. The child must reside in a home in which both natural or adoptive parents reside, and neither parent meets the criteria at [901.2 C. or D.](#)
 - 1. In the case of a putative father living in the home, an acknowledgement of paternity must be made in order to qualify for TANF-UP. **A completed and notarized Acknowledgement of Paternity form VS22, obtained from the local health department should be used for this purpose.** When a putative father in the home has not or refuses to acknowledge paternity for a child in the home, the TANF-UP application must be evaluated as a TANF application.
 - 2. If the man's name appears on the child's official birth certificate issued **in 1996 or later** by the Virginia Department of Health, **Division of Vital Records, or by the vital records section of any other state government,** evidence of paternity exists for **TANF purposes.**
- C. The assistance unit must be in financial need.
- D. Both parents must participate, as required, in the Virginia Initiative for Employment not Welfare Program (VIEW) unless one parent meets an exemption. Only one parent may qualify for an exemption (Refer to Section [901.2](#)). If both parents are ineligible, i.e., do not meet citizenship/alienage requirements, they are not required/allowed to participate.

801.5 DETERMINING THE AMOUNT OF THE PAYMENT

The amount of the payment is based on the immediate needs of the applicant. However, the payment cannot exceed the total TANF payments that the recipient would otherwise be eligible to receive in four months. **Applicants reapplying for TANF with four or less months remaining on the VIEW clock will have the maximum payment determined the same as all other Diversionary Assistance applicants.**

Example: Applicant reapplies for TANF and opts to receive a Diversionary Assistance (DA) payment. The applicant meets the criteria to receive a DA payment. The 24-Month VIEW Clock in ADAPT shows 2 months of eligibility remaining in the current 24-month period. The worker must determine the DA payment multiplying the amount the applicant would otherwise receive multiplied by four.

$$\text{SOA } 3 = \$320 - \$89. (\text{SSA}) = \$231.$$

$$\begin{array}{r} \text{X } 4 \\ \$231 \\ \hline \$924 \end{array}$$

A DA payment can be issued up to \$924.

The amount of assistance is the maximum TANF amount for four months or the amount of the needs of the applicant, whichever is less. Local agencies shall strive to provide the most cost-effective appropriate solution to the one-time emergency. To determine the amount of the diversionary assistance payment, follow these steps:

- A. Calculate a maximum diversionary assistance amount - Compute the monthly grant amount counting any ongoing income, such as social security income. Income from a terminated source, or that has not started, is not considered ongoing for diversionary assistance purposes. Multiply the grant amount by four.
- B. Determine the needs of the assistance unit - Document the case record as to the needs covered and the verified cost of providing for each need. The amount can cover several different needs and can include items such as, but not limited to, shelter payments, utility payments, and transportation assistance.

Choose the most cost-effective appropriate solution to the applicant's needs. For example, if the emergency has created a need for transportation, the agency may calculate the cost of bus tickets versus the price of repairing a car.

- C. Compare the amounts in A and B - The lesser amount of A and B is the amount of the diversionary assistance payment.

Example: Ms. Z applies for diversionary assistance for herself and two children. Her car broke down, and she is unable to get to work. As there is no countable income, the maximum she can receive is \$1,280 (\$320 x 4 = \$1,280). There is no other transportation available, and Ms. Z needs her car to get to work. Ms. Z provides verification the repairs to her car will cost \$900. Since \$900 is lower, the worker should approve diversionary assistance of \$900.

801.6 PERIOD OF INELIGIBILITY

- A. If an assistance unit receives a diversionary assistance payment, it shall be ineligible for TANF for up to 160 calendar days beginning with the date that the diversionary assistance is issued. (For payments by FMF, the beginning date is the date the worker completes the FMF.) To determine the period of ineligibility follow these steps:
1. Determine the monthly amount of TANF for which the applicant is eligible. If an IPV has been committed, exclude the disqualified individual's needs. Follow IPV procedures in Section 102.3.A.
 2. Divide the amount determined in Step 1 by 30. This is the daily amount of assistance.
 3. Divide the diversionary payment amount by the daily amount determined in Step 2 to determine how many days are covered in the payment amount. Round up to the next whole number.
 4. Determine the number of days of ineligibility by multiplying the number of days determined in Step 3 by 1.33. Round up to the next whole number. This number cannot exceed 160 days.
 5. Using the number of days determined in Step 4, determine the date that the period of ineligibility ends.
- B. If the applicant receives diversionary assistance, he cannot receive TANF until the period of ineligibility expires.
- C. An assistance unit can receive diversionary assistance only once in a sixty-month period.
- D. An assistance unit that is in a period of ineligibility for TANF due to the time limit on assistance is also ineligible for diversionary assistance.
- E. A child(ren) born to a client who is in a period of ineligibility for TANF due to receipt of a diversionary assistance payment is not eligible for TANF until the period of ineligibility expires.

801.7 ELIGIBILITY DETERMINATION PERIOD

Local social services agencies must determine eligibility for diversionary assistance within five working days of the receipt of the final verification that substantiates eligibility, or within 30 days following the date of receipt of the signed application, whichever occurs first.

801.8 VENDOR PAYMENTS

Diversionary assistance payments must be made in the form of a vendor payment. If the worker cannot issue a vendor payment due to systems limitations, then a payment may be made to the recipient.

- C. Individuals unable to participate because of a temporary medical condition that prevents entry into at least 8 hours per week of employment or training, as determined by a physician or other qualified professional. (The Virginia Code Section 8.01-581.1 defines physician as "a person licensed to practice medicine or osteopathy in this Commonwealth..." This definition of physician applies in exemptions F and H below also.) The individual must provide the local agency a written statement from the physician to specify that he is incapacitated, the nature and scope of the incapacity, including abilities and limitations of the individual, and the duration of the incapacity. If the individual does not have a physician, the agency will arrange for the individual to receive an evaluation from a physician. (The Medical Evaluation Form (032-03-654) is to be used for this purpose). If unable to secure a medical evaluation, refer the individual for VIEW participation and further evaluation will occur as part of the VIEW assessment. VIEW funds may be used to evaluate the exemption from VIEW.

If the physician indicates that the individual is able to participate in employment or training but is limited in the types of activities that can be performed, the individual cannot do work activities full-time, is limited in the types of activities the individual can do, or the hours in which individual can do them the eligibility worker must refer the individual for participation in VIEW and share the information with the ESW so suitable accommodations can be arranged. The employment services worker must work with the individual to find suitable work activities, taking into account any limitations indicated by the physician. The agency shall ensure that reasonable accommodations are made.

If the individual is unable to participate because of a temporary medical condition that prevents entry into at least 8 hours per week of employment or training, the eligibility worker must reevaluate the exempt individual's incapacity at the time prescribed by the medical statement.

If there are two parents in the assistance unit and one parent meets this exemption, the case is a TANF case rather than a TANF-UP case.

- D. Individuals who are incapacitated, as determined by receipt of Social Security Disability benefits or Supplemental Security Income. The eligibility worker must refer persons with a permanent incapacity to vocational rehabilitation using the Referral to Rehabilitative Services form (032-03-302)
<http://localagency.dss.virginia.gov/divisions/bp/tanf/forms/general.cgi>. Only one referral is necessary and no follow-up is required. This exemption cannot be granted to either parent in a TANF-UP case. If there are two parents in the assistance unit and one parent meets this exemption, the case is a TANF case rather than a TANF-UP case.
- E. Any individual 60 years of age or older.
- F. An individual who is needed on a substantially continuous basis to care for a member of the household. The household member must have a verified disability. The individual must have caretaking needs that prevent the individual

from participating in work activities. "Caretaking needs" that prevent the caregiver from participating in work activities include the need for attendance, supervision and home care, and other needs related to the household member's disability. A physician must verify the household member's condition, and the need for the individual to be available on a substantially continuous basis. If the documentation does not result in exemption from VIEW, the documentation must be forwarded to the VIEW worker.

- G. A parent or caretaker/relative of a child under eighteen months of age who personally provides the care for a child.
In a double caretaker assistance unit in which one parent is incapacitated, the eligibility worker must refer the other caretaker for participation unless he can provide a written doctor's statement indicating that the incapacitated caretaker is unable to care for the child under eighteen months.

When the minor parent and her child are included in the same unit with the minor's parent, only one of these individuals can receive this exemption on the basis of caring for the minor's child. The individual who is actually providing care will be exempt.

NOTE: A parent who gives birth to a child subject to the family cap provision (refer to Section 201.12) may be granted a temporary exemption of not more than six weeks after the birth of the child.

- H. A female who is in her fourth through ninth month of pregnancy as evidenced by a written medical statement provided by a physician, a registered nurse who is the physician's designee, or a licensed nurse practitioner.*
- I. A child receiving Title IV-E Foster Care.
- J. Any member of an assistance unit where the primary caretakers of a child or children are grandparents, foster parents or other relatives of specified degree who are not the adoptive or biological parents of the child.

NOTE: In the VIEW Program, a parent whose needs are removed from the grant must participate unless otherwise exempt. Reasons why the parent's needs have been removed from the grant include, but are not limited to, noncooperation with DCSE, disqualification for IPV violation, **a drug felony conviction**, or failure to provide a Social Security number. In addition, a parent whose needs are not included in the grant due to the stepparent deeming requirements, 305.4.F., or due to the sponsored alien deeming requirements, 305.4.D., must participate in VIEW, unless otherwise exempt.

A parent who does not meet TANF categorical requirements (parent is an SSI recipient, or a parent who is a convicted offender serving his sentence while still living in the home, **or parent who is an illegal immigrant**) is not required **or eligible** to participate in VIEW.

TANF-UP - In a TANF-UP case, both parents must be referred for participation, unless one meets an exemption; only one parent can be exempt. If both parents meet an exemption criterion, they must decide who will be referred for participation. If the household's situation changes and the recipients wish to change the VIEW participant, they may do so upon request and after advisement from the ESW or EW. Exception: The recipients may not switch VIEW participants in order to avoid or cure a sanction.

When both parents are under the age of 18 they are exempt. However, they may volunteer until they attain the age of 18.

Volunteers - Recipients who are exempt from VIEW may volunteer to participate in VIEW. Recipients of SSI benefits, **convicted offenders serving sentences while still living in the home, and illegal immigrants**, are ineligible for inclusion in the TANF assistance unit **and** therefore cannot volunteer to participate in VIEW. The eligibility worker must advise all volunteers that once they enter VIEW by signing the Agreement of Personal Responsibility they **have the same rights and responsibilities as** mandatory participants.

VIEW volunteers are given a trial period of up to 12 consecutive months of participation. During this trial period, volunteers will not be sanctioned for failure to comply with VIEW program requirements. If the volunteer fails to participate as agreed, the VIEW worker will advise the client to terminate her volunteer status and again become exempt or will take this action on the client's behalf. The client will not be able to volunteer a 2nd time during the 12 month trial period and maintain her volunteer status. She has forfeited the balance of her trial period by her failure to participate as agreed. Volunteers who elect to volunteer a 2nd time during the 12 month trial period or to continue in VIEW beyond the 12 month trial period, are required to participate and will be sanctioned if they fail to do so without good cause.

A former VIEW volunteer whose TANF case is closed may reapply for TANF, and, assuming she continues to be exempt from VIEW, may once again volunteer to participate in VIEW and be granted a new 12 month trial period.

Applicants can volunteer for VIEW only after the TANF application has been approved. They are eligible for the VIEW enhanced disregards in the month following the month the VIEW APR is signed.

Non-parent caretakers who meet the financial requirements of Section 304.2 and are included in the assistance unit may volunteer to participate in VIEW. They may continue to be eligible until their monthly income exceeds the current poverty level for one person.

901.3 RESPONSIBILITIES OF THE ELIGIBILITY WORKER - Regarding VIEW, the eligibility worker must:

- A. Explain the exemption criteria to all applicants at application and to recipients at redetermination, and their obligation to report changes affecting their status. The recipient must provide information and verify all reported changes in exemption status. The eligibility worker must change the exemption status in the month in which the change is verified. Note: Changes that result in a status change from exempt to non-exempt which are reported late, do not constitute an overpayment.
- B. Screen for VIEW status and refer recipients for VIEW participation, when appropriate, and use the appropriate system VIEW status codes (Refer to ADAPT field help on AEGNFS).
- C. Explain the requirements of the VIEW Program and the related supportive services to all applicants/recipients at application and redetermination. Information should also cover the transitional child care, transitional transportation, and transitional Medicaid benefits available when the TANF case closes. All applicants and recipients, including non-parent caretakers in the assistance unit, who are not mandatory must be offered the opportunity to volunteer for the VIEW Program.

2. To participate in assignments made by the case manager.
 3. To notify the case manager of any change in the participant's circumstances which would impact the participant's ability to satisfactorily participate in the program.
 4. To accept a job offer. Refusal to accept a job offer may result in a sanction if so determined by the VIEW worker.
 5. To arrange and find transportation and day care. The case manager will assist the participant if he has tried, but has been unable to find transportation or day care.
- B. An individual will be considered as participating in VIEW until such time as a notice is received from the VIEW worker that he has failed or refused to participate. If an individual fails/refuses to participate/cooperate, without good cause, the case is not eligible to receive a grant.
- C. Refusal to Sign the Agreement of Personal Responsibility (APR) - If the VIEW worker advises the eligibility worker that a mandatory individual has refused to sign the Agreement of Personal Responsibility, the TANF case must be closed as soon as administratively possible. Refusal to sign the Agreement of Personal Responsibility means overt refusal to sign or failing to appear without good cause, for an initial assessment interview in which the Agreement of Personal Responsibility was to be signed.

Upon a subsequent re-application for TANF the applicant(s) determined to be VIEW mandatory must sign the Agreement of Personal Responsibility before the initial payment is issued. If the Agreement of Personal Responsibility has not been signed within the application processing time frame (refer to Section 401.1.E), the TANF application must be denied. **The signing of the APR is not a condition of eligibility for TANF if the case has been closed 24 months.**

Countable earnings must be screened in accordance with policy in Section 305, and the VIEW grant calculation is applicable beginning the month following the month the Agreement is signed.

Either the eligibility worker or the VIEW worker may obtain the applicant's signature on the Agreement.

901.6 SANCTIONS - Participants who fail to participate in the VIEW Program will be sanctioned by suspending the full amount of the TANF payment for the period of time specified below.

- A. The VIEW worker must advise the eligibility worker of the decision to sanction and the sanction count.
- B. The eligibility worker is to sanction the participant unless otherwise advised by the VIEW worker.
 1. **If the eligibility worker is aware that the participant might have been exempt during the required participation period, or was unable to participate for reasons of disability or language barrier, the eligibility worker must advise the VIEW worker.**

2. The VIEW worker is responsible for making the final decision as to whether to proceed with the sanction. **If the VIEW worker determines that the participant was exempt, or was unable to participate for reasons of disability or language barrier, the VIEW worker will advise the eligibility worker to not impose the sanction.**

Exception: The eligibility worker will not impose the *first* sanction when the client obtains and provides verification of full time employment (at least 30 hours per week) prior to the effective date of the proposed sanction. The eligibility worker will inform the VIEW worker of the employment and that the 1st sanction was not imposed. Employment prior to the imposition of a 2nd or 3rd sanction will not impact the proposed sanction; the eligibility worker will impose 2nd and 3rd sanctions regardless of client employment status.

3. When an individual becomes exempt during a sanction period, the eligibility worker must wait until the minimum sanction period has elapsed before removing the sanction **unless notified by the VIEW worker that the sanction was imposed in error, or that the client's failure to participate was due to disability or language barrier. In those circumstances, the sanction must be lifted immediately by the VIEW worker and deleted from the automated system by the EW. The sanction will not be included in the client's overall sanction count.**

- C. The eligibility worker must apply the sanction effective the month following the month in which they receive notice to sanction, if administratively possible. If this cannot be done, the action must be taken for the second month. The eligibility worker must mail the Advance Notice of Proposed Action as soon as possible after receipt of the Notice to Sanction. The advance notice must indicate the duration of the sanction.

- D. The sanction time frames are as follows:

1. For the first sanction the grant will be suspended for a minimum of one month or until failure to participate ceases, whichever is longer.
2. For the second sanction, the grant will be suspended for a minimum of three consecutive months or until failure to participate ceases, whichever is longer.
3. For the third and subsequent sanctions, the grant will be suspended for six consecutive months or until failure to participate ceases, whichever is longer.

In determining the length of time that the sanction will be imposed, if the VIEW worker determines that a previous sanction was due to an unaccommodated disability which prevented compliance, the current sanction should be imposed as if the previous sanction had not occurred. For example, if this would

A month in which the TANF grant is suspended is counted as a month of participation. When a mandatory VIEW participant becomes exempt, the case is placed in inactive status, or the TANF case closes, the 24-month count stops. If a TANF case closes with months remaining in the 24-month period, the count will resume at the point it stopped, when a new TANF application has been approved and a new Agreement of Personal Responsibility has been signed.

An assistance unit that had time left on the clock when the TANF case closed begins a new twenty-four month period if the assistance unit did not receive TANF for at least twenty-four months after case closure or twenty-four months after termination of transitional transportation, whichever is later. Sanctions will not carry over into a new twenty-four month period.

Hardship Exception to the Twenty-Four Month Time Limit: The VIEW worker may grant a hardship exception according to the hardship criteria found in Section 1000. The VIEW worker must notify the eligibility worker when the hardship exception is to end, allowing time for the ten-day Advance Notice of Proposed Action to be mailed by the eligibility worker to the participant. The eligibility worker must close the TANF case. A hardship exception is an extension of the time limit and cannot be granted during the period of ineligibility (see 901.11).

A TANF case that is granted a hardship extension is not eligible for the VIEW grant calculation. (See 901.7.)

Time Limit Rules for Two-Parent Cases:

1. When a parent leaves an assistance unit for any reason, the time on the case clock remains with the existing case. If the parent who left the assistance unit applies for his/her own TANF case, the count on the clock from the previous case will follow and the same months on the clock will remain in place for the parent who remains in the home.

Example: Mr. and Mrs. X and their children receive TANF-UP. Mr. X enrolled in VIEW in December, and the VIEW clock started in January. In June, Mr. X moved out along with one child, and applied for TANF for himself and the child. The VIEW clock for Mrs. X is 6 and Mr. X's VIEW clock is also 6.

2. When one parent leaves, the children are subject to the time limit and period of ineligibility of the parent with which they reside.
3. When one parent leaves, a VIEW sanction remains with the individual who caused the sanction.
4. When a parent is added to a TANF case with an existing time clock, he is subject to the clock of the case.

Example 1: Mr. and Mrs. Y receive TANF-UP and have 6 months on their VIEW clock. Mr. Y leaves the household and moves in with Ms. A, who is a VIEW participant with a VIEW clock of 10 months. Mr. Y is now subject to the VIEW clock of 10 months.

TABLE OF CONTENTS
PAGE iii

19. APPEALS.....	76
20. HEARINGS.....	77
APPENDIX A	VIEW FORMS
APPENDIX B	CONTRACT DEVELOPMENT CHECKLIST
APPENDIX C	STANDARD OPERATING PROCEDURES GUIDE
APPENDIX D	VIEW ANNUAL PLAN (http://localagency.dss.virginia.gov/divisions/bp/tanf/policy.cgi)
APPENDIX E	VIEW BROCHURES
APPENDIX F	VIEW DISPLACEMENT GRIEVANCE FORM

A child has a disability if he or she has a physical developmental, cognitive or mental health condition or learning disability that limits the ability to perform any of the activities listed above, or other activities, as compared with other children of the same chronological age.

Displacement – when a TANF recipient participating in the Full Employment Program (FEP) or Community Work Experience Placement (CWEP) fills a vacancy that exists because another individual is on layoff from the same or equivalent job; when a participant fills a vacancy created by an involuntary reduction in the work force or by the termination of another employee for the purpose of filling a vacancy with a VIEW participant.

Earned income disregards - a certain amount of earned income which is not counted when determining the amount of the TANF benefit.

Earned Income Tax Credit – earned income tax credits received as advance payments or refunds from federal taxes due.

ESW - Employment Services Worker, may be a local DSS worker or anyone who meets the definition of case manager. In some agencies it may be a worker who is responsible for the administering of VIEW and benefit programs.

EW - Eligibility Worker.

Exempt – status of a TANF or TANF-UP applicant or recipient who meets one of the Virginia Initiative for Employment not Welfare (VIEW) program exemption criteria and, therefore, is not required to participate in VIEW in order to be eligible for public assistance.

Food Stamp Employment and Training Program (FSET) - The employment program for food stamp recipients.

Full Employment Program (FEP) - subsidized, training oriented employment, that replaces TANF benefits with wages paid by an employer. This employment is designed to train the recipient for a specific job, increase his self-sufficiency and improve his competitiveness in the labor market.

Full-time unsubsidized employment - employment which is considered by the employer to be full-time, but in no case less than 30 hours per week and for which no government funds are used to subsidize the individual's salary.

Good Cause – a circumstance when a VIEW participant was unable to comply with program requirements due to circumstances beyond his control. This is determined by an evaluation done by the worker responsible for the VIEW program.

Grant - the monthly TANF benefit payment.

Hardship exception - prescribed reasons which, if applicable, would allow an extension of receipt of TANF benefits.

Household member - Any child or adult residing with the applicant/recipient. The individual need not be a member of the applicant/recipient's assistance unit to qualify as a household member.

Job development - Locating job openings which fit the needs and qualifications of participants. Job development may also involve job creation through the provision of employer tax credits and subsidies for on-the-job training.

Job Finding – the identification of available and appropriate jobs.

1. LOCAL EMPLOYMENT SERVICES PLAN

The Virginia Initiative for Employment not Welfare (VIEW) program is designed with emphasis on work first in conjunction with education and training when it may enhance the participant's ability to become self-sufficient. The program goals are to offer Virginians living in poverty the opportunity to:

- Achieve economic independence by removing barriers and disincentives to work by providing positive incentives to work;
- Obtain work skills necessary for self-sufficiency;
- Allow families living in poverty to contribute materially to their own self-sufficiency;
- To set out the responsibilities of and expectations for recipients of public assistance; and
- Obtain work experience through the VIEW program.

All plans and program designs submitted to the state should be clear in that intent.

A. Description

Each local agency will submit an annual VIEW plan* to the TANF/**VIEW Field Consultant** by July 1st of each year for approval. This date will allow for localities to have received notification of the next year's VIEW allocation. The plan will describe the locality's VIEW Program, and will include the following:

- 1) A description of the VIEW population;
- 2) The employment needs of the population;
- 3) Information regarding local labor market trends;
- 4) A plan of participation by component;
- 5) **A copy of the Standard Operating Procedures (SOPs). The guide for preparing SOPs can be found in Appendix C.**

The **annual plan** should identify expected outcomes such as the number of participants served, the number employed, average wage, etc.

B. Requirements

- 1) Each local agency must prepare an annual VIEW plan according to VIEW planning guidelines issued by the State Department of Social Services.

* Virginia Administrative Code 22 VAC 40-760-30

- 2) Changes to the local annual VIEW plan are allowable for the following reasons:
 - a) Changes to planned number of participants to be served and/or changes to planned expenditures of 15% or more;
 - b) Any substantial changes to program design i.e. the local agency adds or drops an optional program component;
 - c) Changes to planned program outcomes such as entered employment rate/retention rate or average wage.
- 3) The local agency may submit a change to the local plan **and SOPs** only during the first 30 days of each quarter. The local agency may only change the planned participation and planned expenditures for the quarter in which the change is submitted and for future quarters.
- 4) The local agency will send changes to local plans **and changes to SOPs** to the **TANF/VIEW Field Consultants** for approval. The **Field Consultants** will send copies of the approved changes to the local plan to the **Home Office**.
- 5) All local plans must be submitted to the **Field Consultants** for review and final approval. No reimbursements for locality expenditures will be granted without final approval of the local plan.
- 6) Locality request for additional funds will be approved based on meeting or exceeding the performance measures in the local plan.

2. PROGRAM FLOW

- A. The ESW will complete the assessment of the participant within 30 days of the referral from eligibility. If possible, further assessment by a qualified professional, if necessary, is to be completed within 30 days following the completion of a screening.

The ESW must offer screening of disabilities to individuals within the first 90 days in VIEW and:

- At the initial assessment;
- Whenever an individual discloses the existence of a disability;
- Whenever an individual provides other information that indicates that he/she has or may have a disability
- At any other time when the individual appears to be having difficulty with entering or maintaining employment or VIEW program participation.

The worker must also screen an individual for disabilities whenever an individual requests such screening.

If a determination regarding a disability has been made by a qualified professional, it is not necessary to obtain a second assessment for the same disability.

which is mutually agreeable.

- 6) If the participant does not appear for the interview, the ESW must attempt to contact the participant verbally. If the ESW determines that the participant did not have good cause for missing the appointment or is unable to contact the participant the ESW will send a written communication to the EW to send an Advance Notice of Proposed Action to the participant within three working days of the missed appointment. The notice will state that the participant must contact the ESW within 10 days from the date of the notice or the participant household's TANF benefits will be terminated. The notice will inform the participant of the good cause process. (See Good Cause for Failure to Participate in Sanctions, section 12 of this policy.)
- 7) If the participant does not contact local agency staff, as designated on the Advance Notice of Proposed Action, within 10 days of the date of the notice, the agency will take action to terminate the case. However, if the client signs the APR prior to the effective date of the Advance Notice of Proposed Action to close the case, the case will not be closed.

Exception: When the signing of the APR is a condition of TANF eligibility and the participant does not keep the initial assessment appointment and does not have good cause, after having signed the APR, the household will be sanctioned, not terminated.

- 8) Documentation on either the contact sheet or in the case narrative should reflect all correspondence and contacts with the participant and any collateral contacts made beginning with the scheduling of the initial assessment. Included in the recordings should be the date, the name of the person contacted, the method of contact (i.e. telephone, office visit, etc.) and brief description/summary of the contact.

B. Initial Assessment Procedures

- 1) Each locality will establish assessment procedures which include:
 - a) An identification and evaluation of the participant's occupational skills, education, proficiencies and deficiencies. The assessment should focus on the skills the participant already possesses that would allow him to obtain immediate employment. The VIEW Assessment Form or an assessment tool that has been approved by the regional coordinator, must be completed on each participant.
 - b) A determination of the participant's functional literacy. If a participant does not have a GED, Associate degree or a Bachelor's degree he will be tested to determine his functional literacy level using the "Information Sheet" test found in the forms section of this policy or another literacy assessment tool such as the Test of Adult Basic Education (TABE). He must be tested no later than the 1st reassessment. Either the ESW or a service provider can conduct the testing. Prior test

J. NON-ACTIVE ASSIGNMENTS: INACTIVE AND PENDING

There are some situations in which a VIEW participant cannot be assigned or reassigned to an active component immediately.

1. Such situations include, but are not limited to, the following:

- a. The local agency determines that transportation or other needed supportive services are unavailable.
- b. Neither the participant nor the agency is able to make child care arrangements.
- c. The VIEW worker has requested a reevaluation of the client's exempt status and is awaiting a response by the EW.
- d. The start of the activity to which the client is to be assigned has been delayed.
- e. The participant states that she has a medical or mental health problem that will prevent participation. The participant will be given a Medical Evaluation to be completed by a physician documenting the medical or mental health condition.
- f. The participant has a family crisis or a change in individual or family circumstances, such as the death or illness of a spouse, parent or child, a family violence situation, or other time-limited situation not of the participant's own making that would affect participation.
- g. The participant is receiving health, mental health, or substance abuse treatment or rehabilitation services which prevent participation in an active component. Verification is required that participation in the treatment or rehabilitation program is necessary and that the client is participating as required.
- h. The participant has a verified disability and needs services, supports or accommodations to participate in an active component, but those services, supports or accommodations are unavailable.
- i. Screening indicates that the participant has a potential disability that will affect participation in an active component but the agency is unable to obtain an assessment by a qualified professional.

2. If the VIEW participant must be assigned to a non-active component, the agency will take into consideration the anticipated time before an active assignment can be made, and the reason assignment to a non-active component is necessary.
3. Assignments to Inactive are limited to 30-days and can be extended only once for a consecutive total of no more than 60 days. (Under exceptional circumstances, the agency may assign the client to inactive for a third time with the written approval of the VIEW supervisor. A copy of the signed approval and an updated Activity and Service Plan should be sent to the agency's TANF/VIEW Field Consultant). Assignments to Inactive stop the VIEW clock and should be considered when the situation is not the result of the client's action or inaction.

- 4. Assignments to Pending are for 60 days and should not be extended. Assignments to Pending do not stop the VIEW clock and count toward the client's 24 month time limit. Pending assignments should be considered when the situation preventing assignment to an active component is the result of the client's action or inaction.**
- 5. The VIEW worker will document in the case record the reason for the assignment to Inactive or Pending. The worker will outline in the record the plan of actions and anticipated timeframes developed with the participant to resolve the issues related to the non-active assignment. The worker will make referrals, provide supportive services including child care or transportation, or otherwise assist the participant as necessary so that the client can participate actively in VIEW. These referrals or other assistance will be included in the plan developed with the client and will be documented in the case record.**
- 6. At the end of each 30 day assignment to Inactive, or a 60 day assignment to Pending, the participant's status will be reviewed and the Activity and Service Plan updated.**

- 4) The ESW will not enter the termination in the automated system until after the proposed effective date of the termination of TANF benefits. This practice will decrease the number of cases called into the hot-line requesting assistance in reopening cases that were terminated prematurely.

Note: In agencies which one worker manages both the VIEW and TANF case, the referral is not needed. However, the same time frames for sending the appropriate notices, determining good cause and entering the appropriate actions into the automated systems, will be adhered to.

B. Documentation For Failure To Report For The Initial Assessment

- 1) The ESW will notify the participant of the scheduled interview.
- 2) If the participant fails to keep the appointment, the ESW must document the failure in the contact log.
- 3) The ESW must either send the participant an Advance Notice of Proposed Action or send a written communication to the EW to send the participant an Advance Notice of Proposed Action. A copy of the Notice must be placed in the case record.
- 4) The ESW must document in the contact log that a telephone call or personal contact was attempted.

C. Documentation for Failure to Sign the Agreement of Personal Responsibility

- 1) The ESW must document in the contact log that the participant refused to sign, or did not sign, the Agreement of Personal Responsibility.
- 2) The ESW must either send the participant an Advance Notice of Proposed Action or send a written communication to the EW to send the Advance Notice of Proposed Action.

12. SANCTIONS

A sanction is the suspension of the household's entire TANF grant for program noncompliance. Food Stamp benefits may also be affected.

All TANF and TANF-UP recipients who are determined eligible for the VIEW Program and have already signed an Agreement of Personal Responsibility are required to participate in the VIEW program. Recipients are subject to sanction if they fail to participate without good cause.

VIEW program volunteers have a trial period of up to 12 consecutive months during which they are not subject to sanction (See 901.2, page 3). If the volunteer fails to participate as agreed, the VIEW worker will advise the client to terminate her volunteer status and again become exempt or will take the action on the client's behalf. The client will not be able to volunteer a 2nd time during the 12 month trial period and maintain volunteer status. She has forfeited the balance of her trial period by her failure to participate as agreed. Volunteers who elect to volunteer a 2nd time during the 12 month trial period or to continue in VIEW after the 12-month trial period are required to participate and will be sanctioned if they fail to do so without good cause.

A. Good Cause for Failure to Participate

- 1) When a client is not in compliance with VIEW, the agency must attempt to contact the client by phone to encourage participation, explore good cause, and/or notify the client of a possible sanction. In addition, the VIEW Notice of Sanction/Termination may be sent. If the ESW determines that the participant did not have good cause or is unable to contact the

participant, an Advance Notice of Proposed Action must be sent to the client. The ESW will send a written communication to the EW to send the notice. The communication will include the non-compliance act. The EW will send a copy of the Advance Notice of Proposed Action to the ESW for the case record. The client has 10 days from the date of the notice to contact the ESW to show good cause. Any documentation to confirm good cause has to be presented in this time period.

- 2) A participant who has good cause for noncompliance will not be sanctioned. Good cause will exist if:
 - a) The participant's inability to fulfill program requirements is due to circumstances outside his control or is the result of a change in circumstances over which the participant had no control. This includes situations in which the reason for the participant's non-compliance was that the participant had a disability or a household member with a disability that was not identified or was identified but not addressed. The worker must allow the client 30 days to verify the disability prior to referring for sanction.
 - b) Acceptable child care is not available when necessary for an individual to accept employment or enter or continue in the program. To be acceptable, the child care must meet all of the following criteria:
 - (1) The child care must be arranged:
 - (a) by the participant, or
 - (b) if the participant can not arrange for the child's care, it must be arranged by the local department of social services with a legally operating provider;
 - (2) The child care must be within a reasonable distance from the participant's home or work site. This means that the travel time from the child's home to the child care provider and the work site is generally no more than one hour, based on transportation available to the parent;
 - (3) The child care arrangements must be affordable. This means the cost of the child care is less than or equal to the payment amounts specified in the Child Day Care Services policy (Volume VII, Section II, Chapter D); and
 - (4) If the child care is with a relative it must meet the requirements for relative care in the Child Day Care Services policy (Volume VII, Section II, Chapter D).

The participant is responsible for demonstrating that she is unable to find child care for one or more of the above reasons. The local agency is responsible for determining if the information provided substantiates that needed child care that meets the above criteria cannot be arranged. The ESW must consult with the Child Day Care worker in evaluating whether a sanction is appropriate.

- c) Accepting employment would result in a net loss of cash income for the assistance unit. Net loss of cash income would result if the family's gross earned income, less necessary work related expenses, was less than the recipient's TANF check he was receiving at the time the offer of employment was made.

- 8) The EW will impose the sanction even if a participant becomes exempt after the Advance Notice of Proposed Action is sent. There are three exceptions to this rule:
 - a) If it can be established that the individual actually became exempt during the time he was required to participate and verification is received, the EW will not impose the sanction. However, this information must be communicated in writing to the ESW for final determination.
 - b) If the individual in a first sanction period obtains and verifies full-time employment (at least 30 hours per week) prior to the effective date of the proposed sanction, the EW will not impose the sanction. The EW must advise the ESW of this information.
 - c) If a participant becomes exempt after the end of a minimum sanction period, the sanction will be lifted as of the date the individual **verified the exemption**.
- 9) If an individual changes assistance units, the sanctions received in prior assistance units follow the individual. In other words, changing assistance unit does not remove the sanction from the individual's past record. For purposes of recording sanctions in the automated system, the sanction information should be entered on the referral record for the individual who incurred the sanction Example: TANF-UP household with two mandatory participants. Caretaker 1 is referred for sanction. Caretaker 2 remains in compliance. The sanction referral data is entered only on the service supplement for caretaker 1 and that supplement is closed. In order to provide ongoing services to the other participant, their supplement would remain open.
- 10) The following guidelines are used for food stamp participants subject to sanction:
 - a) In order to sanction a participant's food stamp benefits, there are three conditions which must exist. The conditions are:
 - (1) the agency must operate the Food Stamp Employment and Training Program (FSET);
 - (2) the participant is not otherwise exempt from FSET; and
 - (3) the VIEW requirement with which the participant does not comply is comparable to a requirement in the FSET program. Comparable means the same components and activities exist in the VIEW and FSET. Comparability also does not exist when the TANF benefits are terminated because the VIEW participant refuses to sign the Agreement of Personal Responsibility.
 - b) For purposes of comparison, VIEW activities and FSET activities are comparable except that FEP does not exist in FSET.
 - c) If all the conditions exist, the ESW must notify the Food Stamp EW that the participant is to be sanctioned.

- (1) If the participant to be sanctioned is the head of the household, the food stamp benefits of the entire household will be sanctioned for one month for the participant's first food stamp failure to comply under VIEW, three months for the second failure and six months for each subsequent failure.
- (2) If the participant to be sanctioned is not the head of the household, only the participant will be deleted from the food stamp household. His entire income, however, will still be reflected in the calculation to determine the allotment of the remaining household members.

Note: Because of a number of factors, including differences in TANF and food stamp policy implementation time frames, sanction periods for TANF and food stamps may not be in alignment. Example: A participant could be in his second TANF sanction and his first food stamp sanction.

- d) If the VIEW requirement is not comparable to an FSET requirement and a TANF sanction is imposed, the EW will consider that the participant has lost his exemption status for FSET (the participant was exempt from FSET due to referral to VIEW) and the participant must register for FSET unless otherwise exempt.

13. COMPLIANCE

- A. Compliance occurs when the participant who failed to comply and has been sanctioned performs a verifiable act of compliance to lift the sanction during or after the fixed sanction period has elapsed. A verifiable act of compliance for the participant will be either continuing in, or completing an assigned activity.

If the TANF case is closed during the sanction period, the act of compliance may be met while the case is closed or during the pending status of a reapplication. If the individual is applying for food stamps as well as TANF, the TANF sanction is not necessarily cured by complying with FSET requirements. The individual must complete an act of compliance that matches the reason for the VIEW sanction. If that action is no longer available or appropriate, any other verifiable act of compliance deemed acceptable by the ESW will cure the sanction. This determination should be made on a case-by-case basis.

Supportive services may be provided to a participant during the time he is performing a verifiable act of compliance. Ongoing supportive services may also be provided to the other mandatory participant in a TANF-UP household who has continued to comply even when the sanctioned participant remains in the fixed period of sanction. Reasonable accommodations must be provided to individuals with verified disabilities during the time they are performing verifiable acts of compliance and to make it possible for individuals to perform verifiable acts of compliance.

1. Verified employment, **of at least 8 hours and continuing for a minimum of 2 consecutive weeks represents** a verifiable act of compliance for all situations. The participant is still required to comply with other program requirements in conjunction with employment when applicable. **In the case of a sanction, the client must still be employed at the end of the fixed sanction period in order for the employment to cure the sanction.**
2. A verifiable act may be defined in these situations as follows:
 - a. For failure or refusal to report for an appointment or required interview - keeping another scheduled appointment or interview. (Excluding the initial assessment interview.)

Information Sheet (032-02-0311-02-eng)	3
Agreement of Personal Responsibility (032-02-0310-03-eng)	6
VIEW Assessment (032-02-0303-03-eng)	9
VIEW/TWA/Transitional Activity and Service Plan (032-02-302/4).....	13
Job Search Form (032-02-301/1)	16
Full Employment Program (FEP) Agreement (032-02-309/2).....	19
Full Employment Program Communication Form (032-03-655).....	21
Community Work Site Agreement (032-02-308).....	23
Work Site Position(s) (FEP or CWEP) (032-02-306)	25
Referral to Work Site (FEP or CWEP) (032-02-300)	27
Attendance/Performance Rating Sheet (032-02-305)	29
VIEW Non-Compliance Checklist (032-02-0671-01-eng)	31
Do You Have a Disability (032-02-670)	33
TANF 24-Month Advance Notice of Proposed Action ((032-03-0368-04-eng)).....	36
Notice of Intentional Program Violation (032-03-721/7).....	38
Page 41 - OBSOLETE.....	41
Notice of Sanction/Termination (032-02-307/1).....	42
Hardship Exception Determination (032-03-376/2).....	44
Notice of Hardship Exception (032-03-377).....	47
Contact Sheet (032-02-078/5)	49
Communication Form (032-02-0072-08-eng)	50
VIEW Exchange of Information Form (032-03-375/1)	51
Medical Evaluation Form (032-03-0654-03-eng)	53

Notice of Workers' Compensation Requirements and Procedures.(032-03-675).....	56
Employer's Accident Report (VWC Form No. 3 rev. 3/22/02).....	58
Notice of Intentional Program Violations and Penalties (032-03-0646-03-eng).....	60

4/06

PARTICIPANT'S NAME:

CASE #:

DATE COMPLETED:

INFORMATION SHEET

- A. 1. Write or print your name. _____
2. What is your address? _____
3. What is the date today? _____
4. Do you have a telephone? _____ What is the number? _____
5. Are you married? _____ What is your husband's name (or wife's name)? _____
6. When is your birthday? _____
7. Where were you born? _____
- B. 1. Are you a citizen of the United States? _____
2. Are you a citizen by birth or by naturalization? _____
3. Do you maintain private transportation? _____
4. If so, what type? _____
5. Do you possess a valid driver's license? _____
6. What type of books would you like to read? _____
7. Are you a registered voter in the State of Virginia? _____
8. If you are presently employed, please indicate whether you are employed on a full-time or a part-time basis. _____
9. How long have you worked for your present employer on the job which you now hold? _____
10. Do you subscribe to a newspaper? _____
11. Do you subscribe to any magazines? _____
12. If so, please list them. _____
13. Do you own (or have ready access to) a T.V.? _____
14. Do you own a radio or is one available to you? _____
15. Please answer either fine, good, fair, poor, or bad to the following questions:
- a. How is your vision? _____
- b. How is your hearing? _____
- c. How is your general health? _____

16. Please write in words the number of times you estimate that you visit the doctor each year.
- _____
17. How did you learn about this program? _____
- _____
- C. 1. Please write a brief and pertinent paragraph explaining how you were made aware of this program.
- _____
- _____
- _____
- _____
2. Please write a paragraph telling the aspirations which you have that you feel can be enhanced or furthered by the program which you are now beginning.
- _____
- _____
- _____
- _____
3. Please write a paragraph about yourself, as you see yourself. You may reiterate the information which you have already given in the above paragraph.
- _____
- _____
- _____
4. Give me that information which you feel will be most helpful in aiding someone who is trying to prepare a program of activities suited to your particular needs.
- _____
- _____
- _____

Adapted from: Extension Teaching & Field Service Bureau. Division of Extension. The University at Austin

4/06

INFORMATION SHEET

FORM NUMBER – 032-03-0311-02-eng

PURPOSE OF FORM - This form measures functional literacy levels in English.

USE OF FORM - The form is used for all VIEW participants. Functional education level is recorded on the Assessment Form and in the automated system. Functional education level must be recorded in the automated system by the first reassessment.

NUMBER OF COPIES - One original.

DISPOSITION OF COPIES - Original - Case Record.

INSTRUCTIONS FOR PREPARING FORM - This form will be completed by the VIEW participant to the best of his ability. The ESW will determine the participant's functional education level based on completion of Sections A, B, and C.

Section A: grades 0 - 4.0

Complete Question	#1:	grade level 1.0 (record as 01 in automated system)
	#2:	grade level 1.5 (01 in system)
	#3:	grade level 2.0 (02 in system)
	#4:	grade level 2.5 (02 in system)
	#5:	grade level 3.0 (03 in system)
	#6:	grade level 3.5 (03 in system)
	#7:	grade level 4.0 (04 in system)

Section B: grades 5.0 - 8.9

Complete Question	#1:	grade level 5.0 (record as 05 in automated system)
	#2:	grade level 5.2 (05 in system)
	#3:	grade level 5.4 (05 in system)
	#4:	grade level 5.6 (05 in system)
	#5:	grade level 5.8 (05 in system)
	#6:	grade level 6.0 (06 in system)
	#7:	grade level 6.2 (06 in system)
	#8:	grade level 6.4 (06 in system)
	#9:	grade level 6.6 (06 in system)
	#10:	grade level 6.8 (06 in system)
	#11:	grade level 7.0 (07 in system)
	#12:	grade level 7.3 (07 in system)
	#13:	grade level 7.5 (07 in system)
	#14:	grade level 7.7 (07 in system)
	#15:	grade level 8.0 (08 in system)
	#16:	grade level 8.3 (08 in system)
	#17:	grade level 8.5 (08 in system)

Section C: grades 9.0 - 12.9

Completes Question	#1:	grade level 9.0 (record as 09 in automated system)
	#2:	grade level 10.0 (10 in system)
	#3:	grade level 11.0 (11 in system)
	#4:	grade level 12.0 (12 in system)

Commonwealth of Virginia
Department of Social Services

Case Name _____
Case Number _____
Locality _____

**Virginia Initiative for Employment not Welfare (VIEW)
AGREEMENT OF PERSONAL RESPONSIBILITY**

This agreement lists your responsibilities as a participant in the VIEW program. If you refuse to sign this Agreement of Personal Responsibility, you will lose your Temporary Assistance for Needy Families (TANF) benefits.

VIEW PROGRAM RESPONSIBILITIES

I understand that TANF is a temporary assistance program and that I am responsible for:

- Recognizing that because TANF is temporary assistance, I need to work to become self-sufficient and support my family;
- Looking for and accepting employment;
- Participating in and satisfactorily completing all assignments from my case manager;
- Notifying my case manager immediately of changes in my circumstances;
- Answering all letters and calls from my case manager in a timely fashion;
- Keeping appointments with my case manager;
- Arranging child day care and transportation to allow me to participate in the VIEW program. If I am unable to arrange child day care and transportation, my case manager may be able to assist with these services.

VIEW PROGRAM RULES

To continue to receive TANF benefits, I must enroll in the VIEW program.

Once enrolled in the VIEW program, I can receive up to 24 months of TANF benefits.

I will be assigned to work activities throughout my 24-month eligibility period.

If I do not participate in the VIEW program, I will lose my family's TANF grant and my family's Food Stamp benefits may be affected. This is considered a sanction.

Each month that I am sanctioned for not participating will count as one of my 24 benefit months.

If I refuse a job offer without good cause, I will be sanctioned and lose my family's TANF benefits. My Food Stamp benefits may be affected also.

If I quit a job or am terminated, I will be sanctioned and lose my family's TANF benefits unless I have good cause. My Food Stamp benefits may be affected also.

VIEW OPPORTUNITIES

I understand that it is my responsibility to take advantage of the opportunities afforded me by the VIEW program. By taking advantage of these opportunities, I will be assisting my family in achieving economic independence.

I am able to earn up to the poverty level without losing my TANF benefits. The amount of my monthly benefits may not change when I go to work.

When I find employment and leave TANF, I may be eligible for up to 12 months of transitional child care, transportation.

I may receive valuable work experience and/or training through the VIEW program.

HARDSHIP EXCEPTIONS

Hardship exceptions may be granted in very limited circumstances to extend the 24-month eligibility period to persons who demonstrate an extreme hardship. I may be granted a hardship exception if I have met the following conditions:

1. Satisfactorily participated in all of the assigned activities while in the program without being sanctioned; and
2. Was not sanctioned for leaving employment while in the VIEW program; and
3. Was not sanctioned more than one time for reasons other than those stated in 1 and 2 (required interviews, assessments, etc.).

FAIR HEARING RIGHTS

I have the right to appeal any agency action which terminates, reduces, or suspends my family's TANF and/or Food Stamp benefits.

VIEW ELIGIBILITY PERIOD (Check one)

- ☐ Signing this agreement will cause my 24-month eligibility period to begin on _____ with a scheduled end date of _____. (first of the following month)
- ☐ Signing this agreement will resume my 24-month eligibility period to begin on _____ (first of the following month) with a scheduled end date of _____. This means I have _____ months remaining of my 24-month eligibility period.

AGREEMENT TO PARTICIPATE (Check one)

I understand that I must sign this agreement to continue to receive **TANF** benefits. Refusal to sign this agreement will result in the loss of my **TANF** benefits.

- ☐ By signing this VIEW Agreement, I choose to participate in the VIEW program.

Participant

Date

- ☐ The client refused to sign the Agreement of Personal Responsibility. The client's responsibility to participate was explained. The client was informed that refusal to participate will result in termination of the family's TANF benefits.

Case Manager

Date

TANF TRANSMITTAL 32

4/06

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM

☐ Assessment
☐ Reassessment

☐ TANF
☐ TANF-UP

Participant Name: _____
Telephone Number: _____
Email Address: _____
Case ID#: _____
Date: _____

VIEW ASSESSMENT

A. EDUCATIONAL BACKGROUND

Last Grade Completed _____ Date _____ Functional Ed. Level _____ Date _____

Other (test results, date given, type, etc.): _____

Other training/special schooling and dates: _____

B. EMPLOYMENT HISTORY**(Begin with the most recent job):*

1. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for leaving _____
 2. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for leaving _____
 3. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for leaving _____
 4. Employer _____ Job Title _____
Duties _____
Date Started _____ Date Left _____ Highest Pay _____
Reason for leaving _____
- Most favorite job? _____ Why? _____
Least favorite job? _____ Why? _____

C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills): _____

D. GENERAL INFORMATION:

1. Please provide the following information for everyone living in your household.

Name	Relationship to You	DOB	Student	School
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

4/06

2. Do you have a current driver's license? _____
3. Do you have access to a car? _____ If not, what do you do for transportation? _____

4. Have you ever been convicted of a crime? _____
Explain _____
5. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? _____ Explain _____
6. What type of child care would you arrange to help you accept a job? _____
7. Have you registered with the Virginia Employment Commission? _____
If so, when was the last time you contacted the VEC? _____
8. Have you registered with any other employment service? _____
If so, give the name and last date of contact. _____
9. Are you scheduled to begin an education or training program in the next sixty (60) days? _____
If so, where? _____

E. Which of the following are barriers to your finding and/or keeping a job? (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Homeless | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Legal/Criminal | <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Family Abuse* | |

List ways that you can help to overcome each barrier checked:

F. CONSIDERATIONS IN EMPLOYMENT PLANNING:

- | | |
|--|--|
| <input type="checkbox"/> No prior Work History/Intermittent Work History | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Lack of Credentials/Certifications | <input type="checkbox"/> Child Day Care |
| <input type="checkbox"/> Limited English Speaking/Reading Ability | <input type="checkbox"/> Migrant Worker |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Legal/Criminal |
| <input type="checkbox"/> Lack of GED | <input type="checkbox"/> Family Abuse |
| <input type="checkbox"/> Lack of Job Skills | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Disability _____ | |
| <input type="checkbox"/> Other _____ | |

G. JOB INTERESTS/EMPLOYMENT GOAL: _____

GENERAL COMMENTS/SUMMARY:

*Please refer the participant to the Family Violence Hotline 1-800-838-8238.

VIEW ASSESSMENT

FORM NUMBER - 032-02-0303-03-eng

PURPOSE OF FORM - This form is initially completed at the time of the VIEW assessment interview. The form records information concerning the VIEW participant's educational background, employment history, interests and abilities, and employment goals. This form will also be updated at reassessment interviews.

USE OF FORM - The information on this form is used to assess the job readiness of the VIEW participant and serves as a foundation for development of the VIEW participant's Activity and Service Plan (032-02-302). This form will be used after the initial assessment process to record up-dated information about the VIEW participant's educational background, employment history, abilities, and employment goals. Date information added after the initial assessment to show MM/DD/YY of entry. Should the information on this form change significantly during the course of the program participation or should there be no more room on the form for recording updated information, is appropriate for a new form to be completed.

NUMBER OF COPIES - Original only.

DISPOSITION OF COPIES - Original will be maintained in the VIEW participant's case record.

INSTRUCTIONS FOR PREPARING FORM - Identifying Information/Date/Type of Assessment/Category - Date is MM/DD/YY the assessment or reassessment is conducted. Check the appropriate block to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews.

- A. **EDUCATIONAL BACKGROUND** - Information about the last school attended and last grade completed is obtained from the VIEW participant during the assessment interview. The worker/case manager will use this part of the form to record functional education level testing. Record any training, special schooling or post secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.
- B. **EMPLOYMENT HISTORY** - The "Employment History" section provides a chronological listing of the VIEW participant's employment. Information about the VIEW participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit thorough discussion.
- C. **VOLUNTEER WORK/HOBBIES/ABILITIES** - In this section, include any information which could assist the ongoing employability planning process. This information will be particularly useful in assessing VIEW participants with limited skills/employment histories.
- D. These questions are designed to help the VIEW participant think about some of the factors which will affect his employability as well as his ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the VIEW participant at the time of the interview.
- E. This section is designed to allow the VIEW participant to acknowledge things which may impact his progress toward self-sufficiency. If problems are identified, the VIEW participant has an opportunity to decide for himself how these problems may be resolved.
- F. This section is designed to help the worker/case manager identify major considerations in planning with the participant. This is a list of potential obstacles to the VIEW participant's achieving employment. In discussing employability planning with each VIEW participant, this list will enable the worker to identify these obstacles and to discuss how the VIEW participant and the worker/case manager will cooperatively endeavor to remove them.
- G. This section is designed to record an employment goal or area of job interest after careful evaluation of discussion about all of the information gathered during the interview.

GENERAL COMMENT/SUMMARY - This section is designed for the worker/case manager to record any additional information not addressed on the form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIRGINIA INITIATIVE FOR EMPLOYMENT
NOT WELFARE (VIEW)

Case Name: _____
Client's Name: _____
Case Number: _____
VIEW Worker: _____

VIEW NON-COMPLIANCE CHECKLIST

THE VIEW WORKER MUST COMPLETE THIS FORM, AND THE VIEW SUPERVISOR MUST SIGN THIS FORM BEFORE THE PARTICIPANT IS REFERRED TO THE ELIGIBILITY WORKER FOR NON-COMPLIANCE. THE INFORMATION CHECKED MUST BE DOCUMENTED IN THE CASE RECORD.

Section I. To be completed by the VIEW worker.

The following is documented in the case record:

- ☐ The client has been screened and assessed for disabilities or declined to be screened.
- ☐ Reasonable accommodations have been provided, if appropriate.
- ☐ The client was informed verbally of the potential sanction or an attempt was made to verbally inform the client.
- ☐ Good cause was evaluated and the client does not have good cause for non-compliance.

The participant without good cause:

- ☐ Failed/refused to report for assessment/reassessment or other required interview.
- ☐ Failed/refused to actively engage in or complete job search.
- ☐ Failed/refused to complete a Community Work Experience.
- ☐ Failed to accept a bona fide job offer.
- ☐ Terminated or was terminated from employment.
- ☐ Terminated or was terminated from a Full Employment Program work site.
- ☐ Failed/refused to complete any other activity assigned on the Activity and Service Plan.

Specify activity/requirement: _____

Section II. To be completed by the VIEW supervisor.

I have reviewed the case record. There is documentation in it to support the determination that this participant has failed to comply with VIEW program requirements, good cause does not exist, and accommodations have been provided if needed.

Supervisor's signature

Date

VIEW NON-COMPLIANCE CHECKLIST

FORM NUMBER - 032-03-0671-01-eng

PURPOSE OF FORM - This form must be completed prior to notifying the eligibility worker to sanction a client for noncompliance with VIEW requirements to ensure that the appropriateness of the sanction has been documented in the case record.

USE OF FORM – The form is completed by the VIEW worker and submitted to the supervisor for approval to sanction a VIEW participant. The form is used prior to imposing a sanction.

NUMBER OF COPIES - One.

DISPOSITION OF COPIES - The original is filed in the case record.

INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES - The VIEW worker completes identifying information at the top right of the form, indicates the type of documentation filed in the case record to support action to sanction/close the case, and what action or failure to act caused the sanction.

The supervisor signs and dates the form if in concurrence that there was noncompliance, and that there was no good cause not to cooperate.

THE VIRGINIA INITIATIVE
FOR EMPLOYMENT NOT
WELFARE PROGRAM (VIEW)

TANF MANUAL

APPENDIX A

4/06

PAGE 36

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Temporary Assistance for Needy Families (TANF)
Virginia Initiative for Employment
Not Welfare (VIEW)

Locality _____

Case Number _____

Date of Mailing _____

TANF 24-MONTH ADVANCE NOTICE OF PROPOSED ACTION

Name: _____

Address: _____

DEAR _____:

Your TANF grant will be terminated effective _____ due to the expiration of the 24-month time limit on receipt of cash assistance unless you qualify for an extension as explained below. If you had a verified disability or had to care for a household member with a verified disability while participating in the VIEW program, your worker will determine if the disability prevented you from satisfactorily participating in VIEW. You and your children are not eligible for cash assistance again until 24 months after the effective date above or following termination of your transitional transportation, whichever is later. (TANF Policy, Sections 901.9 and 901.11)

If you disagree with the action taken on your case you may ask for a conference with your worker whose name, address, and telephone number appear below, or you may ask for a fair hearing before the State Department of Social Services. The attached leaflet explains how to ask for a fair hearing.

If you appeal the proposed action on your case before the effective date above, assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the action being proposed by the agency. You may waive your right to continued assistance by submitting a written statement to your eligibility worker indicating your desire to refuse such assistance.

Under certain extreme circumstances, an extension of TANF benefits may be granted. To be considered for extended TANF benefits, you must contact your employment services worker and apply in writing for a specific "hardship exception." You must sign and date your request. This written request must be made prior to the effective date above. Not everyone is eligible for a hardship exception.

An extension of TANF benefits will be considered ONLY if:

- You have satisfactorily participated in VIEW activities while receiving TANF, and
- You have never been sanctioned in VIEW for failing to participate in assigned activities or for leaving employment, and
- You have not been sanctioned in VIEW more than once for reasons other than above; and

In addition, the reasons for hardship exceptions are LIMITED TO the following:

- You are already in an approved employment-related education/training program that will be completed within a year; or
- You live in an area of high unemployment (10% or higher); or
- You have lost your job through no fault of your own (such as, layoff); or
- You have not been able to find a job where the earnings are at least as much as your TANF grant plus \$90.

AGENCY REPRESENTATIVE _____

ADDRESS _____

PHONE NO. _____

TANF 24-MONTH ADVANCE NOTICE OF PROPOSED ACTION
032-03-0368-04-eng

PURPOSE OF FORM – To inform a TANF family that their benefits will be terminated at the end of the 24th month, their right to appeal a case closure, and their right to request a hardship exception.

NUMBER OF COPIES – Two.

DISPOSITION OF FORM – The form must be mailed or available at the local agency in the case of an assistance unit which is homeless, at least 60 days before the effective date of the action, excluding the date of mailing and the effective dates. A copy of the completed form must be in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – Complete the agency information at the top and bottom of the letter, the case name and address, salutation, and the proposed effective date of termination. This date is the last day of the 24th month of assistance.

4/06

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM
COMMUNICATION FORM

REGISTRANT _____
CASE NAME _____
CASE NUMBER _____
☐ FSET ☐ TANF ☐ TANF-UP

TO _____, EW
FROM _____, ESW

Date _____
Reply Needed By _____

☐ Reevaluation of non-exempt/mandatory status is requested because _____

☐ Individual has failed to comply with program requirements. Reason _____

☐ Volunteer no longer wishes to participate.

☐ Good cause does not exist.

☐ Individual will enter/entered employment on ____/____/____
#Hours/week _____ Rate of pay \$ _____ Per _____
Employer _____

☐ Notify ESW if aware of good cause reason.

☐ Comparability exists.

☐ Please send verification of employment.

☐ Sanction for (check appropriate answer)
____ Until notified of compliance ____ 3 months and compliance
____ 1 month and compliance ____ 6 months and compliance

☐ Individual will enter education or training activity on ____/____/____
Location _____

☐ Please provide the dollar amount of reduction due to employment or sanction.

☐ Individual will be a participant in work experience. Please provide the FS or GR dollar amount for the month of _____

☐ Please notify when sanctioned individual has been added back to FS unit

☐ Other _____

TO _____, ESW
FROM _____, EW

Date _____
Reply Needed By _____

☐ Result of reevaluation of non-exempt/mandatory status _____

☐ Effective with payment on ____/____/____, benefits will be reduced from \$ _____ to \$ _____

☐ Non-exempt/mandatory individual now exempt. Reason _____

☐ Individual appealed sanction. Pre-hearing conference scheduled For ____/____/____ at _____(time)

☐ Volunteer no longer wishes to participate.

☐ Sanction ended effective ____/____/____. Mandatory registrant has been added back to FS unit.

☐ Individual will enter/entered employment ____/____/____
Hours/week _____ Rate pay\$ _____ Per _____
Employer _____

☐ Amount of FS allotment/GR payment for month of _____ was \$ _____

☐ Individual/household no longer eligible for FS or GR Case closed due to: (check one)
☐ Sanction; ANPA sent
☐ Employment; Benefit reduction/savings information provided below
☐ Other _____
Effective Date: _____

☐ Individual may be unable to participate in ESP/FSET program because _____

☐ New certification period: from _____ to _____

☐ Individual deleted from FS household due to:(check one)
☐ Sanction: ANPA sent
☐ Other _____
Effective Date _____

☐ Individual can ☐ Read English ☐ Write English

☐ Other _____

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072-08-eng

PURPOSE OF FORM – To exchange information about VIEW participants between the eligibility worker and the employment services worker.

USE OF FORM – Either the eligibility worker or the employment services worker may originate the form at the time circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES – Three.

DISPOSITION OF FORM – This form is prepared in triplicate. Distribution of the top two copies is indicated on the form. The third copy remains attached to the copy being forwarded, in the event the receiving party uses the same form for reply.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the participant, the case name, case number and program are to be entered in the upper right hand corner by the worker originates the form.

The top half of the form is completed when messages must be communicated to eligibility staff from employment services staff. The employment services worker will check whichever block communicates the desired information or requests the desired information.

The bottom half of the form is completed when the eligibility staff is either returning the form to employment services with the requested information completed, or when the eligibility staff is communicating information to employment services. The eligibility worker will check whichever blocks are applicable to the situation.

4/06

MEDICAL EVALUATION

It is our goal to assist the individual named below in preparing for the transition from welfare to work. This person states that he/she is unable to work. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine occupations that this individual may be able to perform, even if there are some limitations.

Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families (TANF)
Virginia Initiative for Employment not Welfare
(VIEW)
Food Stamp Employment and Training Program
(FSET)

Agency Name _____
Address _____
Agency Contact _____
Phone # _____
Case Number _____
Case Name _____

Patient's Name: _____ Address: _____

Birth Date: ____/____/____ SS#: ____-____-____ Phone#: _____

WORK-RELATED LIMITATIONS:

1. Date of examination on which this medical evaluation is based: ____/____/____

2. In terms of working for pay / competitive employment and the patient's current health issue(s), check that which is **MOST** applicable at this time.

A. ☐ Patient is currently able to work



Patient can currently work without limitations or modifications. Skip the remaining questions and sign at the bottom of page 2.

B. ☐ Able to work with limitations and/or modifications at least 8 hours per week



Patient is able to work in a limited capacity and/or with modifications. Please complete the remaining questions.



Anticipated duration of limitation or modification (Check one)

- ☐ Less than 60 days
☐ 60 – 90 days
☐ Greater than 90 days. Specify duration: _____

C. ☐ Unable to work



Patient is unable to work in any capacity at this time. Please complete the remaining questions.



Anticipated duration of incapacity. (Check one)

- ☐ Less than 60 days
☐ 60 – 90 days
☐ Greater than 90 days. Specify duration: _____

3. Please indicate the primary medical reason for the patient's inability to work or need to work with modifications and/or limitations in the space entitled "primary diagnosis" provided below.

Primary Diagnosis: _____

If other medical issues contribute to the patient's inability to work or need to work with modifications and/or limitations, please record those in the space entitled "secondary diagnoses" provided below.

Secondary Diagnosis: _____

4/06

WORK-RELATED LIMITATIONS (CONT'D):

4. Check all areas that the patient currently has limitations in that result in his/her inability to work or result in his/her ability to work in a limited capacity or with modifications. Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Lifting objects greater than: _____ POUNDS (insert #) | <input type="checkbox"/> Sitting for greater than 1 hour at a time |
| <input type="checkbox"/> Bending over / stooping down / reaching for objects | <input type="checkbox"/> Standing for greater than 1 hour at a time |
| <input type="checkbox"/> Manual dexterity activities (typing, handling small objects) | <input type="checkbox"/> Walking distances greater than 50 feet |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Climbing four to six steps |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Driving an automobile |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Interpersonal relationships with co-workers |

Other work limitations not listed above: _____

5. If the patient is unable to work at this time (see question #2 C on previous page), can he/she participate in any of the following at this point in time? Check all activities that the patient can presently participate in. For each that he/she can participate in, please indicate the number of days per week and hours per day that you think would be appropriate given his/her limitations.

ACTIVITY	Check here if patient can participate	Days per week	Hours per day
a. Classroom based activities leading to a GED or other certification	<input type="checkbox"/>		
b. Educational activities that address job etiquette, social skills, positive job behaviors, etc.	<input type="checkbox"/>		
c. Skills training in an occupation within his/her health-related limitations	<input type="checkbox"/>		
d. Resume writing and practice in completing job applications	<input type="checkbox"/>		
e. Participating in mock job interviews	<input type="checkbox"/>		
f. Job Searching (contacting employers; getting on a bus)	<input type="checkbox"/>		
g. Other (describe)	<input type="checkbox"/>		

WORK-RELATED ADVISING:

- | | | |
|--|------------------------------|-----------------------------|
| 6. Have you advised the patient to reduce his/her work hours for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you advised the patient to take a leave of absence for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you advised the patient to quit his/her job for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you advised the patient to apply for disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMPLIANCE:

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| 10. If physical therapy, counseling, or other treatments were prescribed, is the patient complying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 11. Does the patient's condition hinder his/her ability to care for his/her children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. If medication was prescribed, is the patient complying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 13. If the patient reviewed this form, would it jeopardize his/her physical or emotional health or well being? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

REFERRALS:

14. Does the patient require additional evaluation and/or assessment to determine their current and/or future work capacity? ☐ Yes ☐ No

If yes by whom: _____ Field or area of expertise: _____

Date referred: _____

SIGNATURE:

Signature _____ /_____/_____
Date form was completed

Office Address _____ (_____) --____--_____
Office Telephone number

MEDICAL EVALUATION

FORM Number – 032-03-0654-03-eng

PURPOSE OF FORM – To provide medical information concerning the mental/physical condition of an applicant/recipient.

USE OF FORM – To be used by the local social services agency in securing medical information when a written statement is necessary to determine ability to work.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the medical doctor or other medical professional, as defined in policy at 304.3, who is treating the client for the specific condition(s) and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM – The information at the top of the form is completed by the eligibility/VIEW worker prior to submittal of the form to the medical doctor or other medical professional. The information requested in Items 1 through 14 is entered by the doctor or other medical professional. If a specific activity is not listed in item 5, it can be added as item 5g by the worker. The medical doctor or other medical professional is to sign the form and also complete the identifying information in the appropriate spaces. See policy at 304.3 for additional information about medical exams.

4/06

Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families
Virginia Initiative for Employment Not Welfare (VIEW)

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Change of address.
2. An eligible child leaves your home.
3. Changes that may affect VIEW participation including changes in the need for transportation, child care, or any other supportive services.
4. Income from your household goes over the limit below.

Number of People in your Household	Gross Income Limits			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,037	\$241.16	\$ 482.32	\$ 518.50
2	1,390	323.25	646.51	695.00
3	1,744	405.58	811.16	872.00
4	2,097	487.67	975.34	1,048.50
5	2,450	569.76	1,139.53	1,225.00
6	2,803	651.86	1,303.72	1,401.50
7	3,156	733.95	1,467.90	1,578.00
8	3,509	816.04	1,632.09	1,754.50
For each additional member add	+\$354	+\$82.32	+\$164.65	+\$177

These amounts are good through 9/30/06.

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Applicant/Client Signature _____ Date _____

Worker Signature _____ Date _____

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

FORM NUMBER – 032-03-0646-03-eng

PURPOSE OF FORM – The purpose of the form is to advise the client of Intentional Program Violations (IPV) and the penalties. It also informs the client of the TANF and VIEW changes that must be reported.

USE OF FORM – The form advises the client of the types of information that must be reported, and the IPV penalties that may be imposed, and the time period of the penalties.

NUMBER OF COPIES – Two.

DISPOSITION OF THE FORM – The eligibility worker will explain the notice to the applicant when processing a TANF application. The eligibility worker and client will sign the form and date it. The original is filed in the TANF record and a copy is given to the client.

When the client comes in for a VIEW initial assessment the VIEW worker will explain the form. The worker and client must sign the form and date it. The original is given to the client and a copy is filed in the VIEW folder.

INSTRUCTIONS FOR PREPARATION OF FORM – Explain the information on the form to the client. The client and the worker are to sign the form and date it.

GUIDE FOR DEVELOPMENT OF STANDARD OPERATING PROCEDURES FOR THE VIRGINIA INITIATIVE FOR EMPLOYMENT NOT WELFARE (VIEW) PROGRAM BY LOCAL DEPARTMENTS OF SOCIAL SERVICES

The goal of the VIEW Program is to assist program participants in obtaining employment with wages and benefits sufficient to make continued or future receipt of public assistance unnecessary. **The program is also committed to assisting** participants in obtaining **the** additional skills, training **or** education **needed** to enhance employability.

In working toward the accomplishment of the program goal, **each local agency must develop** standard operating procedures. The following outline **is provided as a guide to the development of local procedures.**

Because communities have different needs and resources, and **because** these characteristics, as well as agency size, frequently dictate how programs are designed and implemented, **the outline that follows should not be considered as** all-inclusive. **It is best used as a guide** to ensure that all major functions and activities necessary to **the operation of** a successful VIEW Program have been **addressed in the local procedures. Additional items may be added to the agency's standard operating procedures as needed.**

A. Referral and Case Opening Procedures

1. Describe the procedure by which a potential participant is referred to the Queue.
2. Describe the steps for opening a case once it has been referred to the Queue and the time frame by which this must be done.
3. Describe the frequency with which the Queue will be accessed and monitored.

B. Assessment

1. What methods will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
2. Describe procedures for conducting educational tests and assessments. Include the following in your description of the procedures:
 - What assessment tools will be used;
 - Types of tests used (e.g., TABE);
 - Criteria for determining who should be tested;
 - Incorporation of test results into case records;
 - Staff responsible for conducting assessment; and
 - Referral procedures if test and assessments are conducted outside of the agency.
3. If additional assessment information is gathered, how and by whom (e.g., DRS, VEC, Mental Health) and describe how this responsibility will be handled and how information will be integrated with agency's assessment.
4. How are the results reported and by what time period the results should be provided.

The VIEW Annual Plan can be accessed at
<http://localagency.dss.virginia.gov/divisions/bp/tanf/policy.cgi>.

VIEW BROCHURES

Have You Heard About Benefits For Working Families (B032-01-0155-03-eng)	2
Leaving Welfare For Work Isn't As Scary As It Seems (B032-01-0154-03-eng)	6

HAVE YOU HEARD ABOUT BENEFITS FOR WORKING FAMILIES???



MEDICAL ASSISTANCE/CHILDREN'S HEALTH



EARNED INCOME TAX CREDIT



FREE HELP WITH FILING TAX RETURN



FOOD STAMPS



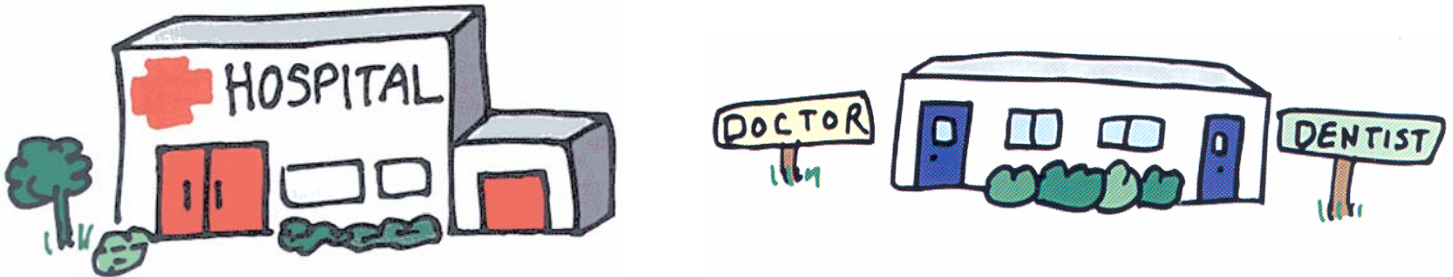
CHILD CARE ASSISTANCE



ASSISTANCE WITH CHILD SUPPORT

**READ ON TO LEARN ABOUT BENEFITS
THAT CAN HELP LOW INCOME FAMILIES WITH CHILDREN!**

HEALTH COVERAGE



- **Medical Assistance/Children's Health Insurance (doctor visits, medicine, hospital care, and checkups)**
- **Earned Income Tax Credit (more take home pay)**
- **Child Care Assistance**
- **Food Stamps**
- **Child Support**

Families who get off of welfare because of work may still get family health coverage for parents and children for up to 1 year! It's called **Extended Medicaid**.

After 1 year, depending on family income, the children are still likely to get health coverage through Virginia's Children's Health Insurance Programs.

Example:

In 2004, a mother with two children **under age 19** can have income of **\$2,612** a month and still get health insurance coverage for children.

Children's Health Insurance in Virginia Covers Children Under Age 19 Even When:

- ✓ Both parents live in the home.
- ✓ One or both parents work.
- ✓ The family is not receiving TANF.
- ✓ The family has a car, a house and/or a savings account.

To obtain children's health insurance for children, an application must be filed providing information such as the family's income and the ages of the children. A family can apply at their local department of social services and in some areas they can apply at a regional hospital or health department or rural health clinic.

EARNED INCOME TAX CREDIT



Low income families (with children) who work part time or full time can get **more take home pay** through the Earned Income Tax Credit (**EITC**). The amount of extra money depends on income and family size. In 2004, a family with two or more children can earn up to \$34,458 a year and qualify for the EITC. **A family does not have to owe any taxes to get the EITC.**

There are two ways a family can get the extra EITC money.

- ✓ **They can get part all the extra EITC money when they file their federal tax return.**

OR

- ✓ **They can get part of the extra EITC money in advance with each pay-check and the rest when they file their tax return.**

To get the extra money in advance with each paycheck, the employee must file Form W-5 with their employer. Employees can get Form W-5 from their employer or case worker. (It does not cost the employer any money because it is taken out of the employee's federal withholding taxes.)

Example: In 2004, a family with one or more children with gross income less than **\$34,458** a year could get up to **\$4,300** in extra EITC money. The family could get the **\$4,300** when they file their federal tax return or they could get **\$130** per month and the remaining **\$2,740** when they file their federal tax return.

The EITC money is not counted as earned income when applying for Children's Health Insurance, Temporary Assistance for Needy Families (TANF), Food Stamps, Supplemental Security Income (SSI) or housing assistance.

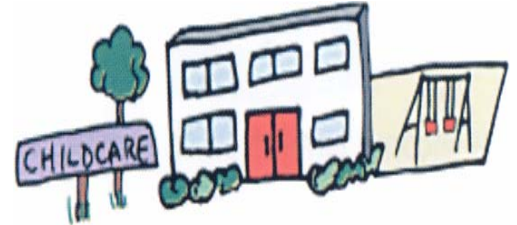
To get the **EITC** a family **must** file a federal tax return. **FREE help is available to file tax returns.** Call the IRS at 1-800-829-1040 and ask where you can get help. (If it is busy, don't give up - keep calling because it is worth it to get free help with your tax return!)

CHILD CARE

Assistance with child care may be available.

A family with limited income may qualify for child care assistance.

Due to limited funding, the family may be placed on a waiting list. A family can get information on child care assistance at their local Department of Social Services.



FOOD STAMPS

Low income families may qualify for Food Stamps while working full time. For example, in 2004, a family of three with gross income of **\$1,698 or less** a month may qualify to receive Food Stamps.



CHILD SUPPORT



The district Child Support Office can help custodial parents obtain child support payments from absent parents. They can also assist in obtaining medical support and in establishing paternity.

- A parent does not have to be on welfare to get help in collecting child support or to receive other child support services.
 - There are no guarantees that money will be collected, but getting help from Child Support Enforcement can improve the chances of success.
 - Services do not include custody, visitation or other matters.
 - There is no charge for services provided by Child Support Enforcement.
- (For more information, call your district Child Support Office.)

To learn more about benefits available for low income working families, call your local Department of Social Services or visit us on the Internet at www.dss.state.va.us/benefit.

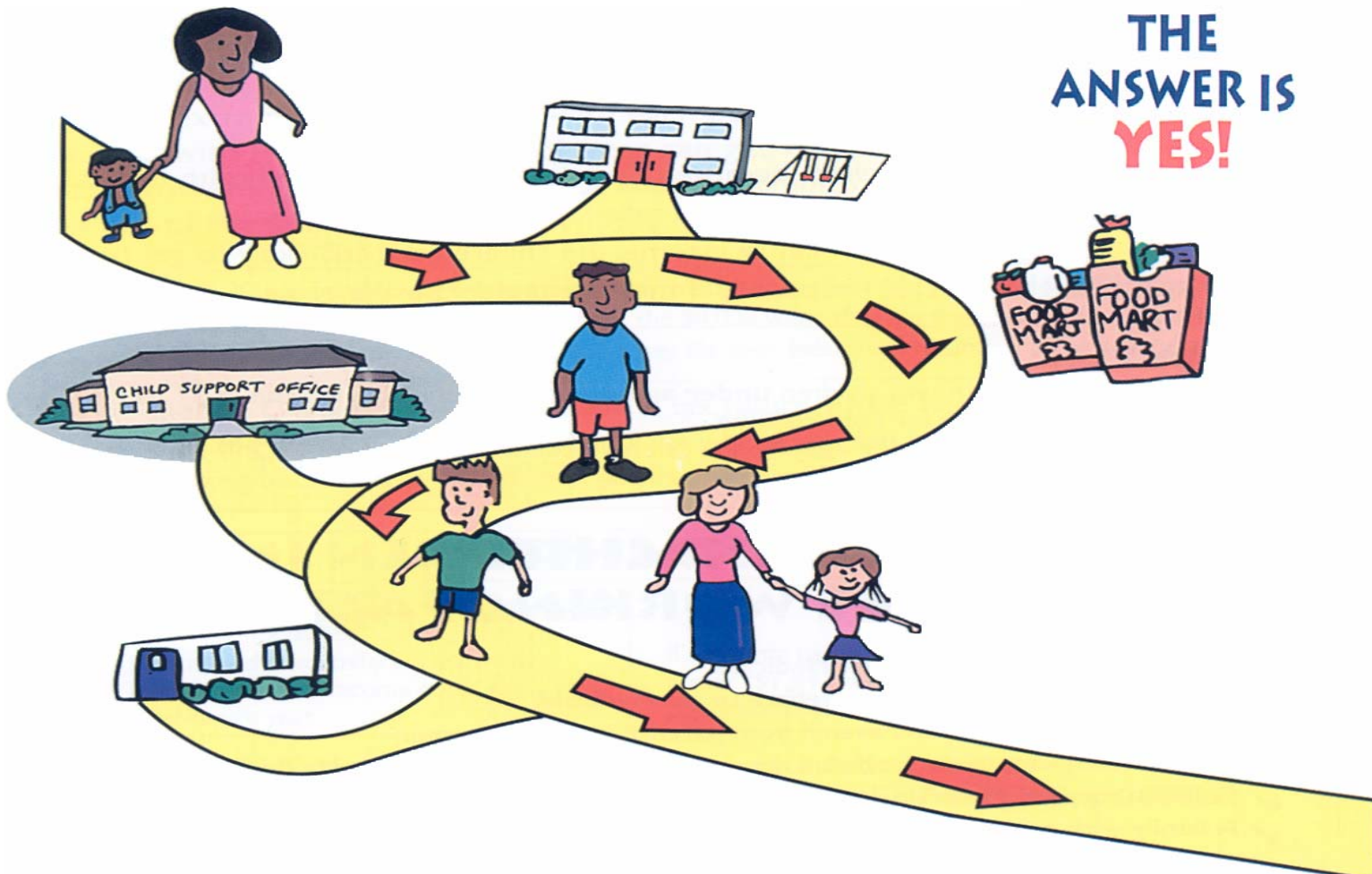
VIRGINIA DEPARTMENT OF SOCIAL SERVICES.



LEAVING WELFARE FOR WORK ISN'T AS SCARY AS IT SEEMS

DID YOU KNOW YOU COULD WORK **FULL TIME**
AND STILL RECEIVE SOME BENEFITS?

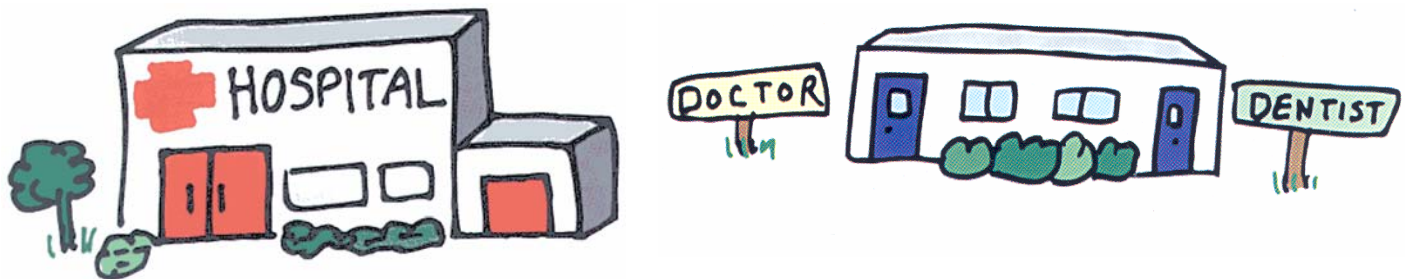
THE
ANSWER IS
YES!



WHAT ARE THE BENEFITS FOR FAMILIES WHO LEAVE WELFARE FOR WORK?

- Medical Assistance/Children's Health Insurance (doctor visits, medicine, hospital care, and checkups)
- Earned Income Tax Credit (more take home pay)
- Child Care Assistance
- Food Stamps
- Child Support

HEALTH COVERAGE



Families who get off of welfare because of work may still get family health coverage for parents and children for up to 1 year! It's called **Extended Medicaid**.

After 1 year, depending on family income, the children are still likely to get health coverage through Virginia's Children's Health Insurance Programs.

Example:

In 2004, a mother with two children **under age 19** can have income of **\$2,612** a month and still get health insurance coverage for children.

Children's Health Insurance in Virginia Covers Children Under Age 19 Even When:

- ✓ Both parents live in the home.
- ✓ One or both parents work.
- ✓ The family is not receiving TANF.
- ✓ The family has a car, a house and/or a savings account.

To obtain children's health insurance for children, an application must be filed providing information such as the family's income and the ages of the children. A family can apply at their local department of social services and in some areas they can apply at a regional hospital or health department or rural health clinic.

EARNED INCOME TAX CREDIT



Low income families (with children) who work part time or full time can get **more take home pay** through the Earned Income Tax Credit (**EITC**). The amount of extra money depends on income and family size.

A family does not have to owe any taxes to get the EITC.

There are two ways a family can get the extra EITC money.

✓ **They can get all the extra EITC money when they file their federal tax return.**

OR

✓ **They can get part of the extra EITC money in advance with each pay-check and the rest when they file their tax return.**

To get the extra money in advance with each paycheck, the employee must file Form W-5 with their employer. Employees can get Form W-5 from their employer or case worker. (The advance does not cost the employer any money because it is taken out of the employee's federal withholding taxes.)

Example: In 2004, a family with one or more children with gross income less than **\$34,458** a year could get up to **\$4,300** in extra EITC money. The family could get the **\$4,300** when they file their federal tax return or they could get **\$130** per month and the remaining **\$2,740** when they file their federal tax return.

To get the **EITC** a family **must** file a federal tax return. **FREE help is available to file tax returns.** Call the IRS at 1-800-829-1040 and ask where you can get help. (If it is busy, don't give up - keep calling because it is worth it to get free help with your tax return!)



WHICH IS MORE?



In 2004, a parent (with two children) on welfare without a job and no other income could get **\$3,840** for the entire year.

If the same parent went to work earning **\$14,500** a year (**\$1,208** per month), the parent would get a pay check plus **\$4,300** in extra EITC money.

There is more good news! The EITC money is not counted as earned income for Children's Health Insurance, Temporary Assistance for Needy Families (TANF), Food Stamps, SSI or housing assistance.

CHILD CARE

Depending on income, parents who get off welfare because of work may get some help with child care expenses for up to 12 consecutive months, beginning with the first month in which they are no longer on welfare! The parent **must ask** for help with child care expenses. It's called **Transitional Child Care (TCC)**.



After 12 consecutive months of being off welfare, the parent might still be able to get some help. The parent will still have to pay a fee.

FOOD STAMPS

Parents who get off welfare because of work may still receive some assistance through the Food Stamp program.



Example: In 2004, a family of three with a total gross income of **\$1,698 or less** a month may qualify to receive Food Stamps.

CHILD SUPPORT



The district Child Support Office can help custodial parents obtain child support payments from absent parents. They can also assist in obtaining medical support and in establishing paternity.

- A parent does not have to be on welfare to get help in collecting child support or to receive other child support services.
 - There are no guarantees that money will be collected, but getting help from Child Support Enforcement can improve the chances of success.
 - Services do not include custody, visitation or other matters.
 - There is no charge for services provided by Child Support Enforcement.
- (For more information, call your district Child Support Office.)

● EITC Cash ● Child Care ● Medical Assistance/Children's Health Insurance ● Food Stamps

**SO, YOU SEE, FAMILIES DON'T LOSE ALL OF THEIR BENEFITS
WHEN THEY LEAVE WELFARE FOR WORK. THEY MAY STILL GET:**

To learn more about leaving welfare for work (including getting child support), call your local Department of Social Services or visit us on the Internet at www.dss.state.va.us/benefit.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES.

Design: Southern Institute on Children and Families/Shiben. Permission granted by the NC Department of Human Resources.

VSS
PEOPLE HELPING PEOPLE

Facts to be EstablishedSubstantiation and ProceduresIV. ASSISTANCE UNIT

A. Children - Include all blood-related or adoptive siblings of the child for whom assistance is requested except when:

1. Child receives SSI.
2. Child receives an adoption assistance maintenance payment and adding that child to the assistance unit and counting the maintenance payment reduces the **TANF** benefit.
3. Child receives foster care maintenance payment.
4. Child is subject to the family cap provision.

IV. ASSISTANCE UNIT

A. Those children who meet the categorical requirements and conditions of eligibility in Section 201.1 A. and B.

1. Verified by agency knowledge.
Omit child entirely from A.U.
2. Verified by agency knowledge.
Omit child entirely from A.U.
3. Verified by agency knowledge.
Omit child entirely from A.U.

Facts to be EstablishedSubstantiation and Procedures

c. Under **VIEW**, the non-exempt parent who has been sanctioned for failure to comply with **VIEW** requirements.

d. Parent refuses to assist agency in establishing paternity or seeking child support.

e. Convicted offender sentenced to live at home and perform unpaid

c. **The entire household is ineligible as long as the sanctioned parent is in a VIEW sanction.**

d. Decision to omit or remove parent on this basis must be carefully made. Agency must be certain parent is refusing to assist rather than simply unable to assist. Basis for making decision to omit or remove must be documented in case record.

e. Include as EWB, only if providing an essential service (302.5) and if not ineligible per Section 302.6.F.

Note: The parent shall be included in the assistance unit even though the only eligible child is a SSI recipient, the only eligible child receives an Adoption Assistance payment, or the only eligible child receives a foster care maintenance payment.

Facts to be EstablishedSubstantiation and Procedures

either, it is considered earned income from self-employment; if not, it is unearned income. See Section [VII,B.4. Other Cash Income](#) when this income is determined to be unearned.

activity engaged in is a business enterprise.

(2) Amount of gross income received

(2) Verify by - Self-employment bookkeeping records

(3) Amount of business expense from (to be deducted from gross income to determine profit).

(3) Verify as above and deduct gross income to determine profit. Exceptions: In the following situations, profit is determined by specified formulas:

(a) Board

(a) Profit is monthly gross income from boarders, less food allowance for one person living in a group (at 100%) per boarder. (Table 1, [Appendix 2](#), Section 305).

(b) Room Rent

(b) Profit is 65% of monthly gross income received if heat is furnished, 75% of gross income if heat is not furnished.

(c) Room and Board

(c) Make deduction for boarder(s) as in (a). Then apply formula in (b) to balance.

Facts to be EstablishedSubstantiation and Procedures3. Determination of Assistance Payment.

a. Total monthly gross income.

b. Earned Income Disregards.

3. Once the individual has been found eligible for an assistance payment, determination of net income to be used in computing the assistance payment is as follows:

a. Use the anticipated total monthly gross earnings and/or profit.

b. Deduct from gross earnings/profit in the following order:

1) The standard deduction for the assistance unit.

2) 20% of the remainder.

3) For purposes of determining initial eligibility, anticipated cost of incapacitated adult/child care, not to exceed \$175 for full-time employment or \$120 for part-time employment, for each child/incapacitated adult in the assistance unit or if the child is under 2, deduct anticipated costs not to exceed \$200, for full-time employment. For determining the amount of the

SUBJECT	SECTION/PAGE(S)
Continuation of Assistance During Appeal Process	401.5, p. 10-10a
Contract Earnings	305.1, p. 5-6
Contributions from Another Agency	Procedures VII, p. 10
Contributions In-Kind	305.4, p. 36a; 305.4, p. 44-45; 602.3, p. 2; Procedures VII, p. 10-11
Countable Earnings	305.3, p. 21
Current Support Received Also see Cohabitant; Minor Caretaker; Stepparent	305.4, p. 36-37; 602.3, p. 1-3
Date of Entitlement	401.1, p. 4; 502.2, p. 3-3a
Day Care Income	305.3, p. 14
Death of Applicant	401.1, p. 5
Declaration of Citizenship and Alien Status	201.7, p. 1c-1d
Decrease in Income	305.1, p. 9-9a
Deemed Income	
Ineligible Alien	305.4, p. 41-43
Senior Parent(s) to Minor Caretaker	305.4, p. 41-43
Sponsor to Alien	305.4, p. 32-33a
Stepparent	305.4, p. 37-41
Unverified	305.4, p. 43
Definitions	104.3
Deleting Income	305.1, p. 10
Deleting Person with Income	305.1, p.10
Direct Deposit	502.3, p. 4; 502.5, p. 5; Section 500, Appendix 1, pgs. 1, 10
Discrimination Complaint	101.2